



**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

# **2009 ANNUAL REPORT**

## **DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM (DHAPP)**

***May 2010***



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## ACRONYMS AND ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome  
ART – antiretroviral therapy  
ARV – antiretroviral  
ARVs – antiretroviral drugs  
CDC – US Centers for Disease Control and Prevention  
COP – Country Operational Plan  
CT – counseling and testing  
DAO – US Defense Attaché Office  
DHAPP – US Department of Defense HIV/AIDS Prevention Program  
DoD – US Department of Defense  
FHI – Family Health International  
FY – fiscal year  
FY09 – fiscal year 2009 (covers period of 1 Oct 2008 to 30 Sep 2009)  
GDP – gross domestic product  
HIV – human immunodeficiency virus  
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala, Uganda)  
KAP – knowledge, attitudes, and practices survey  
*MIHTP – Military International HIV/AIDS Training Program*  
MLO – US Military Liaison Office  
MOD – Ministry of Defense  
MOH – Ministry of Health  
NATO – North Atlantic Treaty Organization  
NGO – nongovernmental organization  
OCNUS – Outside the Continental United States  
ODC – US Office of Defense Cooperation  
OGAC – US Office of the Global AIDS Coordinator  
OI – opportunistic infection  
OSC – US Office of Security Cooperation  
OVC – orphans and vulnerable children  
PASMO – Pan-American Social Marketing Organization (PSI affiliate in Central America)  
PEPFAR – The US President’s Emergency Plan for AIDS Relief  
PKO – peacekeeping operation  
PMTCT – prevention of mother-to-child transmission  
PSI – Population Services International  
STD – sexually transmitted disease  
STI – sexually transmitted infection  
TB – tuberculosis  
TRaC – Tracking Results Continuously survey  
UN – United Nations  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
US – United States



## **ACRONYMS AND ABBREVIATIONS**

USAFRICOM – US Africa Command  
USAID – US Agency for International Development  
USCENTCOM – US Central Command  
USEUCOM – US European Command  
USG – US Government  
USMHRP – US Military HIV Research Program  
USPACOM – US Pacific Command  
USSOUTHCOM - US Southern Command  
WHO – World Health Organization



## EXECUTIVE SUMMARY

Colleagues,

This 2009 Annual Report of the Department of Defense HIV/AIDS Prevention Program is presented on behalf of the thousands of dedicated military and civilian personnel from around the world who are working tirelessly to fight the HIV/AIDS epidemic occurring among military personnel, their families, and civilian communities surrounding military bases. The efforts presented in this eighth annual report are founded in the genuine partnership between US Government agencies, partner militaries, nongovernmental organizations, universities, community-based organizations, faith-based organizations, and civil society. While the prevention, care, and treatment of HIV/AIDS remain the focus of our collective efforts, the ultimate result of these activities is the strengthening of health care systems that support military populations. DoD is proud to play a critical role in PEPFAR, the largest international health initiative dedicated to a single disease in US Government history. Through PEPFAR and DoD resources, the US Department of Defense provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm that HIV inflicts on the health and readiness of the world's military populations.

DHAPP, headquartered at the Naval Health Research Center in San Diego, California, supports military HIV activities in 82 countries where programs impact 4.8 million military members and at least as many dependent family members. A quick look through the current and past annual reports demonstrates the breadth and success of activities targeting the HIV/AIDS epidemic in military populations. Many researchers are beginning to recognize that the dire predictions of the destabilizing effect of HIV/AIDS on militaries have not materialized. I believe that this is due in large part to the efforts represented in this, and previous, reports. Furthermore, the entire health care systems of many militaries around the world have benefited from the health education, health worker training, laboratory capacity building, facilities construction, surveillance tools, clinical treatment, and testing services provided through the collective efforts of everyone involved in reaching military populations with HIV services.

I continue to be humbled by the tireless work of DHAPP staff, members within the offices of the Under Secretary of Defense for Policy and the Assistant Secretary of Defense for Health Affairs, medical personnel from all US Armed Services, personnel from each Unified Combatant Command, the PEPFAR interagency team, members of the US Embassy Country Support Teams, 64 nongovernmental organizations and universities, and, most importantly, our partner military colleagues. During the period from October 2008 to September 2009, 4,728 new peer educators were trained to deliver comprehensive prevention messages, and 7,779 health care workers were trained to provide HIV clinical services. To promote early and more effective treatment of HIV-



## EXECUTIVE SUMMARY

infected persons, and to encourage individuals to take preventive measures against new infection, support was provided to 353 new counseling and testing centers located on military facilities, and 233,684 military members were counseled and tested for HIV infection.

Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for our program. During this period, 78 new laboratories capable of supporting HIV testing and diagnostics were equipped and supported. New service outlets for antiretroviral therapy were established at 87 military sites. New services were supported for the prevention of mother-to-child transmission in 108 sites, and 23,226 pregnant women accessed these services through military facilities. This report also documents that 7,181 individuals were newly established on ART, 42,350 additional troops and family members were supported on palliative care, and 3,323 have received treatment for tuberculosis.

While this report demonstrates the great work carried out over the past several years, there remains much more to be done. There continues to be a lack of scientifically sound HIV prevalence rates available for military populations. Some militaries are currently utilizing DHAPP assistance to carry out seroprevalence surveys to establish their HIV prevalence rates, but others remain very concerned with what they consider to be the “sensitive” nature of this information and fears about making HIV rates public. I hope that we can put those concerns behind us and recognize that with a comprehensive HIV/AIDS prevention, care, and treatment program, HIV/AIDS is not a destabilizing factor for military readiness like once thought. DHAPP is involved in efforts in many countries to encourage military leadership to understand the extent of their epidemic in order to effectively respond to it, regardless of whether HIV prevalence rates are published or not. We also must continue to work to develop comprehensive testing policies around recruitment and deployment. Most militaries have a policy that addresses the testing of recruits, but many are still struggling with the development of a pragmatic policy for routine force wide testing as well as testing before and after deployments.

The opportunity to help militaries develop policies addressing HIV/AIDS is a chance to encourage relationships between militaries and existing regional organizations. The health agendas of regional organizations do not always include military populations, but experience has shown that these entities can assist militaries with establishing the minimum standards for HIV programs, and in sharing resources and best practices. Furthermore, regional organizations and platforms enable militaries to communicate with each other and can result in a louder coordinated “voice” advocating the needs of militaries in the region.



## EXECUTIVE SUMMARY

Congratulations to all those who have succeeded in making militaries a much healthier population with respect to HIV/AIDS and other related health issues. We should be proud of the accomplishments reflected in this report, including the large numbers of military members reached and facilities supported. As with each previous year, although the numbers in this report are large and impressive, we always remember that our reason for existence is to expand HIV prevention, care, and treatment support for active-duty personnel and family members ONE PERSON AT A TIME.

Very respectfully,



Richard A. Shaffer, Ph.D.  
Executive Director



## **Military International HIV/AIDS Training Program**

### **BACKGROUND**

Clinicians from militaries around the world have had the unique opportunity to visit the United States for 30 days to participate in the *Military International HIV Training Program (MIHTP)* in San Diego. During FY09, 20 clinicians, mostly physicians, from 8 countries participated in *MIHTP*. Trainees experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV/AIDS patients. Trainees are exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically ART, treatment of OIs, and epidemiology. *MIHTP*, which is administered several times per year, involves intense study, collaboration, and coordination. DHAPP staff examined results from the training sessions that took place in FY08 to assess the program's effectiveness.

### **MEASURES OF EFFECTIVENESS**

Pretest and posttests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego, University of California San Diego (UCSD), and San Diego State University. The test consists of 40 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OIs, and statistical analysis. Pretests are administered during the trainees' orientation prior to any lectures; if needed, the test is translated into the trainees' native languages. Posttests are administered during the out-briefing following the 30-day training program. The test comparisons allow for evaluation of the trainees' competence in the subject matter, and identification of areas for improvement, emphasis, or deletion.

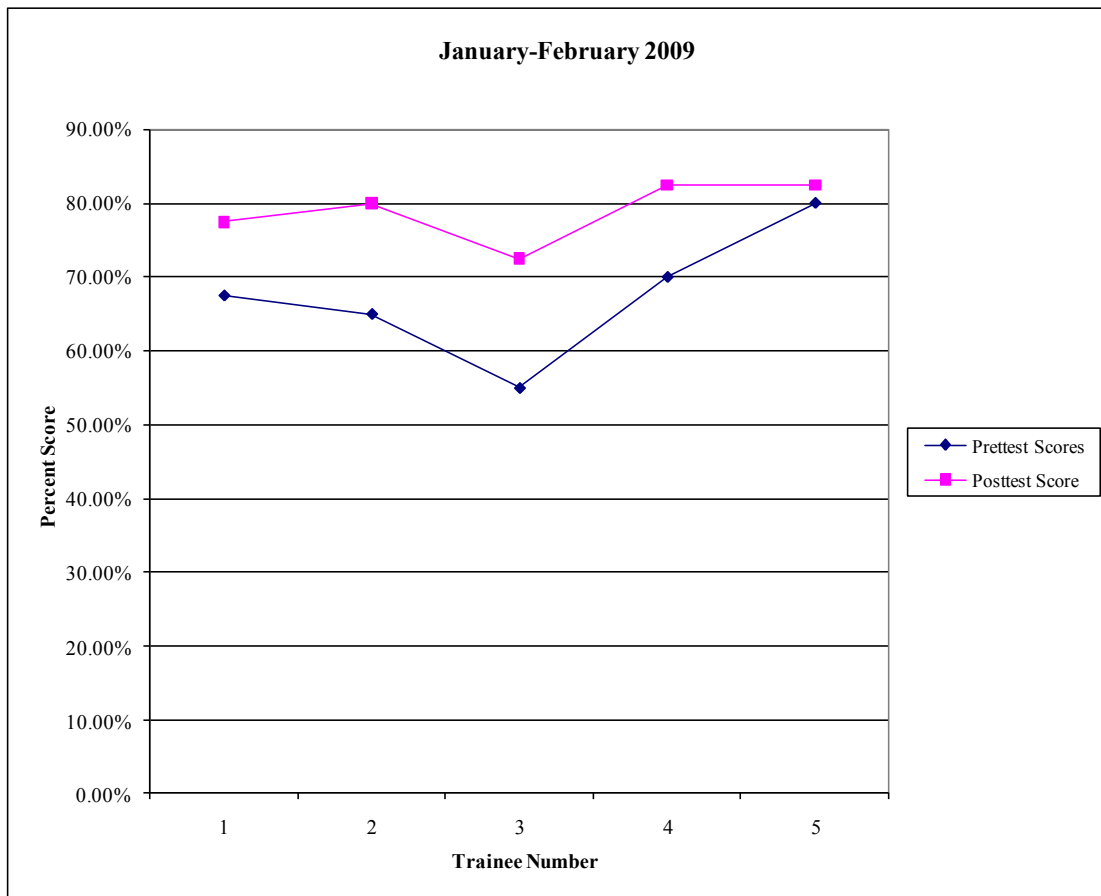
### **RESULTS**

#### **January Through February 2009: Ethiopia Results**

Five (5) trainees attended the most recent training program; all 5 trainees were from Ethiopia affiliated with the DoD/UCSD Ethiopia program, all taking part in the testing. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 55.0% to 80.0%, while posttest scores ranged from 72.5% to 82.5%, making it clear that it was a valuable training for all participants. The average pretest score ranged from approximately 67.5% to a posttest average of 79.0%, showing clear statistical significance. Below is a table of scores, followed by a graphical representation. It is clear that all participants improved their score from pretest to posttest, with the difference in scores ranging from a 2.5% increase to a 17.5% increase over the *MIHTP* course duration.

## Military International HIV/AIDS Training Program

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5
<b>Pretest score</b>	67.5%	65%	55%	70%	80%
<b>Posttest score</b>	77.5%	80%	72.5%	82.5%	82.5%



Trainees had significantly higher posttest scores (79.0%) compared with pretest scores (67.5%,  $p=.001$ )



## Military International HIV/AIDS Training Program

### RESULTS

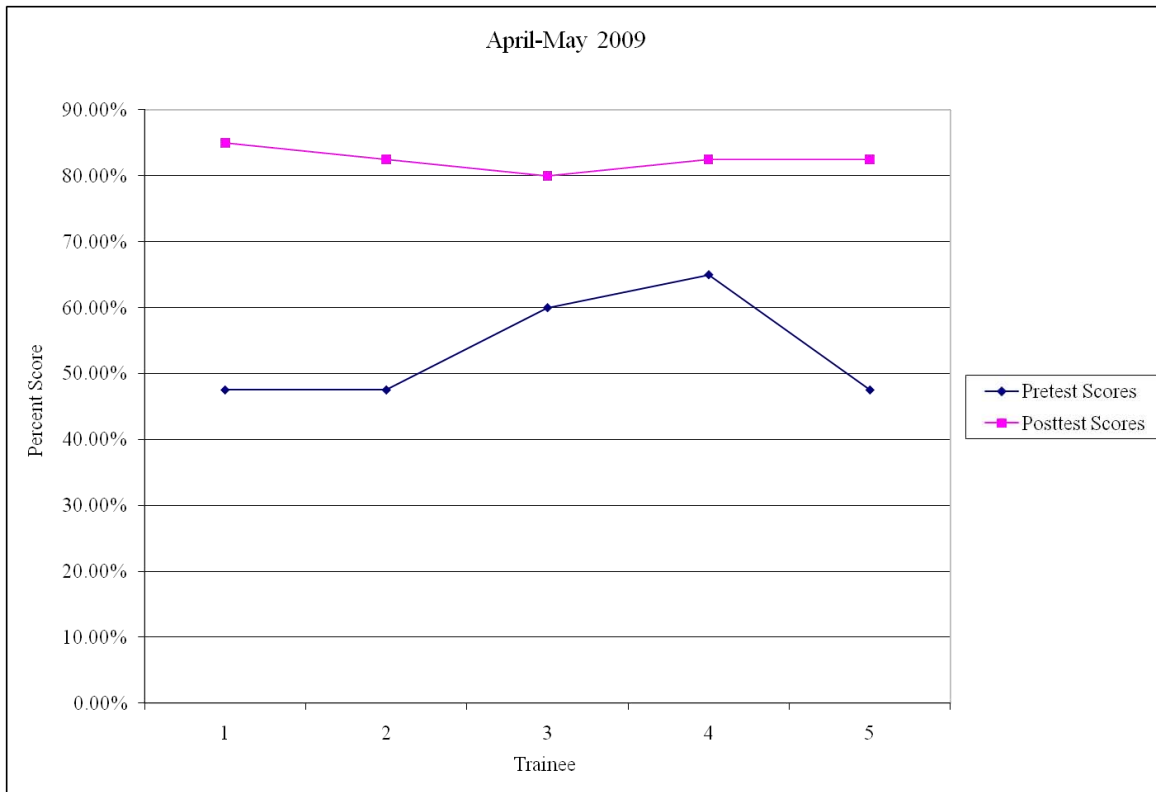
#### **April through May 2009: El Salvador and Peru Results**

Six (6) trainees attended the most recent training program, 2 from El Salvador, and 4 from Peru. Due to the late arrival of one of the trainees, only 5 trainees partook in the pretesting procedures. Due to the lack of pretest data from this trainee, this trainee's posttest scores were omitted from analysis to prevent the introduction of bias. The table below shows the pretest scores, illustrating a somewhat similar competence level among the trainees. Pretest scores ranged from 47.5% to 65.0%, while posttest scores ranged from 80.0% to 85.0%, making it clear that it was a valuable training for all. The average pretest score ranged from approximately 53.5% to a posttest average of 82.5%. Below is a table of scores, followed by a graphical representation. Clearly all the participants improved their score from pretest to posttest, with the difference in scores ranging from a 2.5% increase to a 17.5% increase over the *MIHTP* course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6
<b>Pretest score</b>	47.5%	47.5%	60%	65%	47.5%	NA
<b>Posttest score</b>	85%	82.5%	80%	82.5%	82.5%	



## Military International HIV/AIDS Training Program



Trainees had significantly higher posttest scores (82.5%) compared with pretest scores (53.5%,  $p=.002$ )

### RESULTS

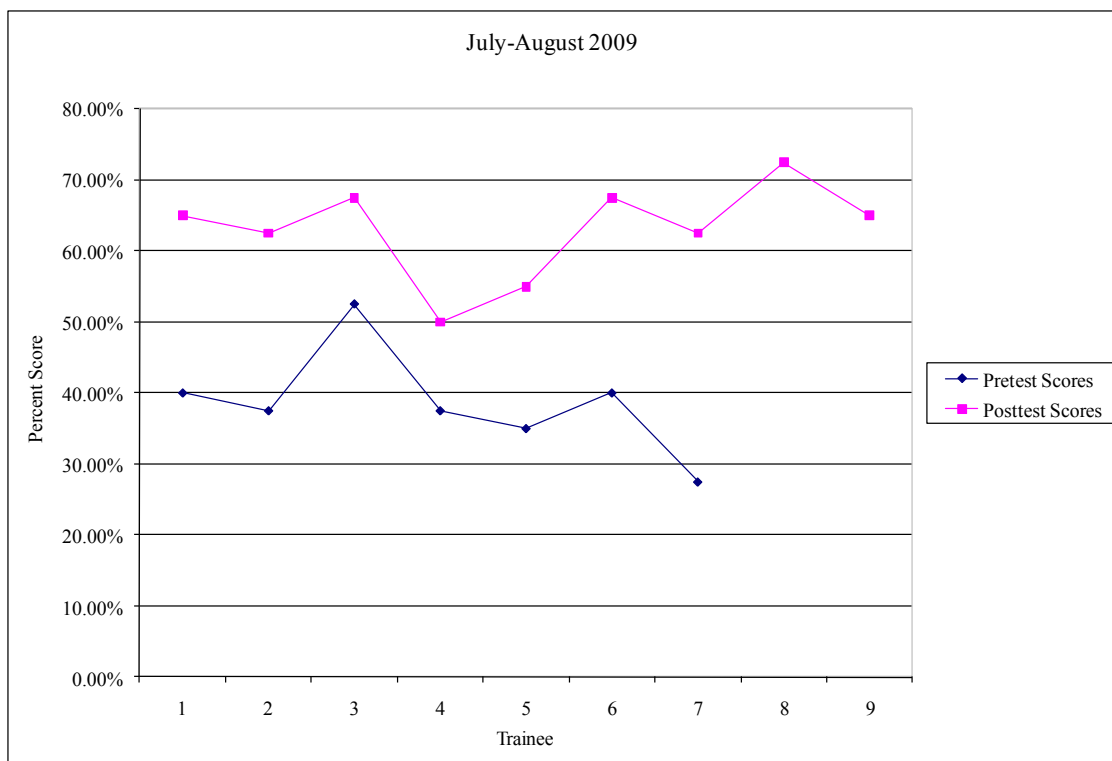
#### **July through August 2009: Georgia, Kazakhstan, Tajikistan, Uzbekistan, and Ukraine Results**

Nine (9) trainees attended the most recent training program, 2 from Georgia, 2 from Ukraine, 2 from Kazakhstan, 2 from Tajikistan, and 1 from Uzbekistan. Due to the late arrival of 2 of the trainees, only 7 trainees partook in the pretesting procedures. Due to the lack of pretest data from these 2 trainees, both pre- and post-test scores were omitted from correlation analysis to prevent the introduction of bias. Although these 2 posttest scores were not included in calculations of significance, they are included in the graph below to show that these 2 late-arriving trainees scored within a similar range of those 7 trainees who were available for pretesting. The table below illustrates a somewhat similar

## Military International HIV/AIDS Training Program

competence level among the trainees at the time of pretesting. Pretest scores ranged from 27.5% to 52.5%, while posttest scores ranged from 50.0% to 72.5%, which showed the training's value. The average pretest score went from approximately 38.5% to a posttest average of 63%. Below is a table of scores, followed by a graphical representation. It is clear that all participants improved their score from pretest to posttest, with the difference in scores ranging from a 12.5% increase to a 35% increase over the *MIHTP* course duration.

	Trainee 1	Trainee 2	Trainee 3	Trainee 4	Trainee 5	Trainee 6	Trainee 7	Trainee 8	Trainee 9
<b>Pretest score</b>	40%	37.5%	52.5%	37.5%	35%	40%	27.5%	N/A	N/A
<b>Posttest score</b>	65%	62.5%	67.5%	50%	55%	67.5%	62.5%	72.5%	65%



## Military International HIV/AIDS Training Program

Seven (7) trainees had significantly higher posttest scores (63%) compared with pretest scores (38.5%,  $p=.001$ ). Two (2) trainees were omitted from analysis due to missing pretest scores.

### SUMMARY

Since 2002, 150 military clinicians (118 clinicians, 4 nurses, and 18 auxiliary health care professionals) from 33 countries around the world have attended 24 *MIHTP* sessions. According to all participants and instructors, the program has evolved into an experience of great professional value. After compiling data from all 150 past attendees to date, pretest scores average 50%, while posttest scores average 67%, resulting in an overall increase of 17% for all participants to date. We can see a difference in scores at the  $p=.001$  significance level, which indicates that the increase in score is not by chance, but can be attributed to the training. As the program and the number of participants grow, more and more trends begin to arise, allowing for changes and improvements. Additionally, all *MIHTP* students have agreed that the skills they have developed during training will be valuable to their own militaries' fight in the war against HIV and AIDS.





## Infectious Diseases Institute

### Background

Through a grant with the Accordia Global Health Foundation, the Infectious Diseases Institute (IDI) at Makerere University in Kampala, Uganda, was funded by DHAPP to provide training in HIV treatment and care to military medical professionals in FY09. IDI is Accordia's flagship program, and offers training in HIV/AIDS and malaria to a multitude of medical professionals. The program is well respected and attracts prominent faculty members from around the world to work with students in its programs. In FY09, faculty members came from University of Manitoba, University of Minnesota, Johns Hopkins University, Dalhousie University, University of Medicine and Dentistry of New Jersey, University of Virginia, Institute of Tropical Medicine in Antwerp, Belgium, and London School of Hygiene & Tropical Medicine.

### Summary of courses for FY09

All IDI courses emphasize management and provide tools that participants can share with coworkers and subordinates in the health care setting to improve overall clinical functioning. Physicians, medical officers, nurses, laboratory technicians, and pharmacy technicians are provided specialized training in courses ranging in length from 1 to 3 weeks. Each course is designed to enhance specific abilities required to ensure the optimal care and treatment of HIV-infected patients, both prior to and after ART initiation.

In FY09, DHAPP funded participation in several courses: *ART Training for Mid-Level Practitioners*, *Core HIV/AIDS Course*, and *HIV/AIDS and ART Laboratory Management Course: Unit I and Unit 2*. During the week after the *Core HIV/AIDS Course*, optional 1-week sessions (called short courses) are offered in a variety of topics. DHAPP funded participants to attend the *Research in HIV Care* and *Training of Trainers* short courses.

The *ART Training for Mid-Level Practitioners*, which is primarily attended by nurses and clinical officers, is a 2-week multidisciplinary course. It focuses on the management and care of patients on ART, and is for practitioners with a range of previous experiences. The curriculum includes care for OIs, prevention and adherence counseling, and health care team dynamics. The course is designed to provide time for clinical experience, and to enhance the ability of nurses and clinical officers in making care and treatment decisions for HIV-positive patients.



## Infectious Diseases Institute

The *Core HIV/AIDS Course*, which is primarily attended by physicians, is a 3-week course that trains physicians in a variety of areas related to HIV care and treatment. The curriculum includes sections on the epidemiology, biology, and history of HIV; diagnosis and monitoring of HIV and OI; comprehensive ART topics; prevention and adherence counseling; ART program management; and reporting and data management. It provides advanced knowledge of HIV care and treatment that physicians can take back to their clinics.

Most participants take both units of the *HIV/AIDS and ART Laboratory Management Course*, although less experienced laboratory participants sometimes only take the first unit. *Unit 1* lasts 2 weeks, and gives an overview of general aspects of HIV/AIDS, HIV testing in adults and children, CD4 counts and flow cytometry, diagnosis of malaria, TB and intestinal parasites, and good laboratory practice. The theory is interspersed with practical sessions in a recognized laboratory for HIV testing and flow cytometry, malaria, TB and intestinal OIs. *Unit 2* is a 1-week course that equips trainees with laboratory management knowledge and skills, and Training of Trainers' skills. Optional onsite training and supervisory support is given where requested and feasible. These and all DHAPP-funded IDI training courses foster networking among military medical personnel from different countries. The nature of the courses allows participants to learn from each other through dialogues about their experiences in treating and caring for HIV-positive patients in their home countries.

### Attendance

In FY09, DHAPP sponsored 134 attendees from 16 countries in IDI courses. Of those participants, 75 participated in the *ART Training for Mid-Level Practitioners Course*, and 25 participated in the *Core HIV/AIDS Course*. There were 34 participants in *Unit 1* of the *HIV/AIDS and ART Laboratory Management Course* and of those, 21 continued on to participate in *Unit 2*. Participants were from Benin, the Gambia, Lesotho, Nigeria, Uganda, and Zambia.

### Summary of future proposed activities

Because of the high quality of the IDI courses, DHAPP has established a grant for FY10 to continue sending attendees to the aforementioned courses. Additionally, new courses will be offered to military medical personnel, including a course for pharmacy personnel, *HIV/AIDS and Antiretroviral Therapy for Pharmacy Health Workers-Patient Focused Dispensing*, which had originally been planned for FY09.



# Country Reports

**US AFRICA COMMAND**

**DHAPP**

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USAFRICOM, in concert with other USG and international partners, conducts sustained security engagement through military-to-military programs, military-sponsored activities, and other military operations as directed to promote a stable and secure African environment in support of US foreign policy.





# Central Africa Region

## ANGOLA

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### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Since the end of a 27-year civil war in 2002 and the death of rebel leader Jonas Savimbi, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. President Dos Santos held legislative elections in September 2008 and, despite promising to hold presidential elections in 2009, has since made a presidential poll contingent on the drafting of a new constitution.

The estimated Angolan population is 13 million people, with a life expectancy of 38 years, one of the lowest in the world. Portuguese is the official language of Angola, which has an estimated literacy rate of 67%, with more men literate than women. Oil production and its supporting activities account for about 85% of the GDP. Increased oil production supported growth averaging more than 15% per year from 2004 to 2007. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. The GDP per capita is \$8,800, with extensive unemployment and underemployment affecting more than half the population.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Angola's general population is 2.1% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS by the end of 2008 was 190,000. For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. In most countries, HIV prevalence has stabilized at extremely high levels, although evidence indicates that HIV incidence continues to rise in rural Angola.

##### **Military Statistics**

The Angolan Armed Forces (AAF) comprises an estimated 110,000 personnel in 3 branches: Army, Navy, and National Air Force. Angola allocates 5.7% of the GDP for military expenditures. In 2003, the Charles Drew University of Medicine and Science conducted a military prevalence study and estimated rates of seroprevalence at 3% to 11%, depending on location. HIV prevalence rates are highest near the border of Namibia (11%).



## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The AAF has continued its efforts in the fight against HIV/AIDS in collaboration with the Drew Center for AIDS Research, Education and Services (Drew CARES). Currently, a program manager in the DAO in Luanda coordinates the DHAPP program activities and its partner in Angola. The program continues to make exceptional progress with the current prevention programs and provide services for HIV care and treatment.

### **Foreign Military Financing Assistance**

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2008, and 2009. Released in FY05, the 2003 funding was employed for a cytometer, viral load analyzer, centrifuge, and supporting supplies/reagents. Released in FY08, the 2004 funding was employed for cytometers and supporting supplies/reagents. The 2008 funding and 2009 award offer are in process.

## **OUTCOMES & IMPACT**

### **Prevention**

During the reporting period, there were 22,842 troops and family members reached with comprehensive prevention messages and 107 peer educators trained or re-trained in prevention messaging. Prevention messaging was done throughout the year with the AAF and included special events such as World AIDS Day and HIV Month in the Angolan military. Most activities were

held in Luanda and Lubango and CT services were offered during the activities. During World AIDS Day activities, one of the most successful results was the promotion of the AAF as an institution that promotes safe sex and abstinence among civilians. For the first time, the AAF participated as an equal partner alongside civilian institutions working on a new image that emphasizes its new peacetime role in Angola. Since, the AAF has continued to develop its new image, promoting partnerships with civilian institutions and playing an active role in the country's HIV programs.



In keeping with the spirit of cooperation with the civilian sector, the AAF opened its 5th annual HIV Month (held in February) activities to national and international NGOs and Ministry of Health institutions. The opening activities involved the active participation of the International Red Cross, the National Institute for the Fight Against AIDS, Angolan National Association for local NGOs, and various representatives from the Ministry of Health. The opening ceremony was followed by the opening of a fair created at one of the main military camps in the country, where activists, civilians and military members alike disseminated information on HIV prevention. In addition, 3 CT booths were opened to offer services for

willing volunteers. A number of high-ranking AAF generals contributed to the activities by spending time near the booths, and in a very open and friendly manner, encouraging visitors to be tested. During the HIV Month, activists distributed pamphlets, posters, comic books, and copies of the Angolan Law for the protection of PLHIV across the country. The AAF wrote an HIV prevention anthem and it was presented by an all-military chorus. The song has been adopted as the official song for all HIV activities in the Angolan military.

During a week of training in the Northern Region, military members were brought together for an intensive training on the creation of messages and activities that accurately disseminate information on HIV prevention. This was the first stage of a long-term project designed to institutionalize peer educators within a sector of the armed forces created to promote proper behavior and disseminate accurate information. In an attempt to reinvent the role of peer educators, the AAF has created educational activities associated with the promotion of health and is creating a body that is structurally apt to educate and promote behavioral change. This is a great step in the direction of institutionalizing prevention efforts and making the prevention activities sustainable.

The training involved 6 intensive days (over 50 hours) of theory and practice. The participants, composed of officers (commissioned and noncommissioned), received information on all aspects associated with HIV prevention and the creation of messages and activities that promote abstinence, faithfulness, and safe sex practices. In addition, 10 members were

identified based on what were considered natural leader characteristics. These members have become the core group that will coordinate activities and motivate their colleagues to design activities for their military units in the Northern Region. Among the results of those activities, the participants created the beginnings of a new program to promote safe blood practices. The goal is to create a core group of young people who receive regular check-ups and are regularly tested for HIV and other transmitted infections so as to create a ready supply of safe blood to meet the needs of the military. The training included the participation of a young woman who is living with HIV and who makes her personal testimony a central part of her lectures. She plays an important role in making HIV real and in helping reduce stigma and discrimination.

### Care and Treatment

As of 2009, there were 7 CT sites for the AAF and 17,742 troops and family members were counseled and tested. CT services have increased since last year. Several trainings were held for 77 military officers on CT services as well as OIs such as malaria and TB. The trainings, which are part of a long-term project aimed at providing volunteer CT services to all civilians and military who visit the clinics, while reducing stigma and fear among potential clients, was reconceived as part of the process of creating a center for voluntary counseling. The distinguishing feature of the center is the integration of other information and counseling so as to attract clients beyond the limited scope of HIV. At this center, clients will be able to seek information on malaria, TB, and other diseases. It is part of the efforts to integrate HIV prevention services within the health system so as to avoid the easy identification of people who wish to test for HIV and receive counseling. The aim is to normalize HIV testing as much as possible.

**Other**

Training on stigma and discrimination was provided to 77 military members, and 62 members were trained in HIV-related community mobilization for prevention and care.

**Proposed Future Activities**

DHAPP received a proposal from Charles Drew University for FY10. Proposed activities include continuing prevention education, CT capabilities, and training medical staff on treatment services for the AAF.



## BURUNDI

# DHAPP

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### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Burundi is 9.5 million people, with an average life expectancy of 58 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 59%, with uneven distribution between men and women. Burundi is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural, which accounts for 35% of GDP and employs more than 90% of the population. Burundi's primary exports are coffee and tea, which account for almost all foreign exchange earnings. The GDP per capita is \$300.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Burundi's general population is estimated at 2.0%. Burundi has approximately 110,000 individuals living with HIV/AIDS. In Burundi, in population-based surveys among 15- to 24-year-olds between 2002 and 2008, HIV prevalence declined in urban areas (from 4.0% to 3.8%) and in semi-urban areas (from 6.6% to 4.0%), while HIV prevalence increased in rural areas from 2.2% to 2.9%. The primary identified risk factor in the population is unprotected heterosexual contact.



##### **Military Statistics**

The Burundi National Defense Force (BNDF) has approximately 30,000 personnel. Burundi allocates 5.9% of the GDP for military expenditures. No current HIV/AIDS prevalence data are available for the BNDF.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP is working with the BNDF and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continues with the current goals of providing prevention efforts as well as CT services.

### **Foreign Military Financing Assistance**

Burundi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2008 and 2009. Released in FY09, the 2006 and 2008 funding remains unobligated except for laboratory training. The 2009 award has recently been announced. All procurement activity is on hold pending construction of a clinic in Bujumbura.

## OUTCOMES & IMPACT

### **Prevention and Care**

In FY09, 4,705 troops and family members were reached through HIV/AIDS prevention activities using mobile video units. To date, PSI has visited all Burundi military camps at least once. Troops receive free condoms inside the camps. To improve condom accessibility after working hours, 39 outlets were established in the areas surrounding military camps.

CT services reached 1,831 troops and family members at the Akabanga center and through 10 mobile clinics. The mobile CT campaign was launched at the end of May 2009 and allowed increased access to services for the military and their families.

### **Proposed Future Activities**

PSI will continue to encourage behavior change through prevention efforts and providing CT services for troops and their families.



## CAMEROON

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Because of its modest oil resources and favorable agricultural conditions, Cameroon has one of the best-endowed primary commodity economies in sub-Saharan Africa. Still, it faces many of the same serious problems of other underdeveloped countries, such as a top-heavy civil service and a generally unfavorable climate for business enterprise. Cameroon's estimated population is 18.9 million people, with an average life expectancy of 53 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 68%, with uneven distribution between men and women. The GDP per capita is \$2,300, with an unemployment rate of 30%.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Cameroon's general population is estimated at 5.1%. Cameroon has approximately 540,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. According to the *2009 AIDS Epidemic Update*, in 8 African countries where surveys have been conducted (Burkina Faso, Cameroon, Ghana, Kenya, Lesotho, Malawi, Uganda, and

the United Republic of Tanzania), HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile. Also in the *2009 AIDS Epidemic Update*, Cameroon was 1 of 7 African nations that reported more than 30% of all sex workers were living with HIV.

##### **Military Statistics**

The Cameroon Armed Forces (CAF) comprises approximately 26,000 members. Cameroon allocates 1.3% of the GDP for military expenditures. Since 1990, 4 HIV surveillance studies have been conducted in the military; the most recent study, conducted in 2005, revealed a military prevalence of 11.3%—twice the rate in the general population. Another prevalence study is planned for 2010.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

In Cameroon, DHAPP and the CAF have been working with the Global Viral Forecasting Initiative (GVFI;



## CAMEROON

formerly known as the John Hopkins Cameroon Program) and PSI to continue efforts to support its HIV/AIDS prevention programs. The GVFI will begin working with the CAF again in 2010 since a new grant was awarded to GVFI in August 2009.

### Foreign Military Financing Assistance

Cameroon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005 and 2006. Released in FY05, the 2003 funding (\$139.7K) has been employed for a cytometer, immunoassay reader/washer, hematology analyzer, chemistry analyzer, microscope, incubator, and supporting lab equipment/ reagents/supplies, with \$17.9K yet unobligated. Released in FY07, the 2005 funding (\$233.6K) was executed for supporting lab equipment/ supplies/reagents. The 2006 funding (<\$150K) is in process to be released to DHAPP.

### Prevention and Care

PSI and the CAF launched a prevention campaign in FY09. Their prevention efforts reached 10,000 troops and family members and included training 186 peer educators. Prior to the training efforts, PSI worked with the CAF on finalizing a work plan, approving prevention materials, and distributing them.

PSI worked closely with the CAF to also provide CT services to the military and its surrounding community. Four public meetings, coupled with free HIV screening

campaigns, were organized at 4 sites. Famous musicians and comedians from Cameroon were associated with the testing campaigns. A total of 1,665 individuals were counseled and tested, 1,181 of whom were troops, while the remaining were civilians.

### Proposed Future Activities

In FY10, the GVFI will resume activities with the CAF. Activities will include (1) conducting HIV surveillance along with a KAP survey in all 10 garrisons in Cameroon, with a total sample size of 2,500 troops; and (2) conducting refresher training for 250 peer educators and 50 counselors in military garrisons. In FY10, Cameroon will send 3 physicians to MIHTP for training. PSI will continue its efforts in prevention to include CT campaigns.



## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**

### **BACKGROUND**

#### **Country Statistics**

The estimated population of Central African Republic is 4.4 million people, with an average life expectancy of 44 years. French is the official language of the Central African Republic, which has an estimated literacy rate of 49%, unevenly distributed between men and women. Subsistence agriculture, together with forestry, remains the backbone of the economy of the Central African Republic, with more than 70% of the population living in outlying areas. The agricultural sector generates more than half of the GDP. The per capita GDP is \$700. Timber has accounted for about 16% of export earnings, and the diamond industry for 40%. Important constraints on economic development include the Central African Republic's landlocked position, a poor transportation system, a largely unskilled workforce, and a legacy of misdirected macroeconomic policies. Factional fighting between the government and its opponents remains a hindrance to revitalization.



#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Central African Republic general population is estimated at 6.3%, with approximately 160,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Central African Armed Forces (CAAF) is composed of an estimated 15,000 personnel. The Central African Republic allocates 1.1% of the GDP for military expenditures. No FY09 military HIV/AIDS prevalence data were available.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) will be providing technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. GVFI will work with the US DAO in N'Djamena, Chad, who covers the Central African Republic, on implementing a surveillance study within the CAAF.

### OUTCOMES & IMPACTS

No programmatic activities occurred in FY09.

### **Proposed Future Activities**

The GVFI will conduct an HIV surveillance study in all military garrisons in the capital city Bangui with 500 troops to be sampled in FY10.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Chad's estimated population is 10 million people, with an average life expectancy of 48 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 26%, unevenly distributed between men and women. Chad's primarily agricultural economy continues to be boosted by major foreign direct investment projects in the oil sector that began in 2000. A consortium led by 2 US companies have invested \$3.7 billion to develop oil reserves—estimated at 1 billion barrels—in southern Chad. Chinese companies are also expanding exploration efforts and plan to build a refinery. The nation's total oil reserves have been estimated at 1.5 billion barrels. Oil production came on stream in late 2003. Over 80% of Chad's population relies on subsistence farming and livestock for its livelihood. The GDP per capita is \$1,500.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Chad's general population is estimated at 3.5%. Chad has approximately 180,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Chadian National Army (CNA) is estimated at approximately 50,000 members. Chad allocates 4.2% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the CNA in the capital city, N'Djamena, revealing a prevalence of 5.3%. Another HIV surveillance study occurred in 2009, but the sampling location was in a different location.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) provided technical assistance to the CNA in the implementation of HIV prevention and surveillance activities. DHAPP staff also collaborates with the US DAO in N'Djamena.

### Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005 and 2006. Released in FY06, 2003 funding was executed for HIV rapid test kits. Released in FY09, the consolidated 2005/2006 funding remains in-house pending US DAO and CNA approved work plan.

### OUTCOME AND IMPACT

#### Care

The protocol for an HIV seroprevalence survey was approved by local authorities in 2007, and implementation occurred in 2009. The study, which had a sample size of 608 troops, was conducted in 2009 at the Moundou military garrison located approximately 600 km outside of N'Djamena. Because of political instability, the location of the study was moved outside of the capital. The 2003 study was conducted in N'Djamena. The HIV prevalence rate found in the sample group of 608 from the Moundou military garrison was 9.3%.

### Proposed Future Activities

GVFI will continue with prevention activities, which include peer education trainings, and production and dissemination of an HIV/AIDS prevention manual for military trainers.





## DEMOCRATIC REPUBLIC OF THE CONGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Democratic Republic of the Congo is 69 million people, with an average life expectancy of 55 years. French is the official language of the Democratic Republic of the Congo, which has an estimated literacy rate of 66%, with uneven distribution between men and women. The Democratic Republic of the Congo, a nation endowed with vast potential wealth, is slowly recovering from two decades of decline. Since August 1998, internal conflict has dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 3.5 million people from violence, famine, and disease. The GDP per capita is \$300. Conditions began to improve in late 2002 with the withdrawal of a large portion of invading foreign troops.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated to be between 1.2% and 1.5%. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Armed Forces of the Democratic Republic of the Congo (AFDRC) includes 300,000–475,000 members. This military, still in the process of rebuilding after the end of the war in 2003, is one of the most unstable in the region. The Democratic Republic of the Congo allocates 2.5% of the GDP for military expenditures. DHAPP supported the first HIV seroprevalence study for the AFDRC, which was conducted in the capital city of Kinshasa from July to August 2007. Study results indicated a prevalence rate of 3.8%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The network of partners involved in the AFDRC program has evolved to include an in-country program manager working closely with the Global Viral Forecasting Initiative (GVFI), PSI, and Family Health International (FHI). DHAPP staff provide oversight for the in-country program manager and technical assistance.

### Foreign Military Financing Assistance

The Democratic Republic of the Congo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Released in FY09, the 2005 funding will soon be contracted for a cytometer, biochemistry, electrolyte, blood and electrophoresis analyzers.

### OUTCOMES & IMPACTS

#### Prevention

PSI reached 20,744 military personnel (2,712 women, 18,032 men) with interpersonal education sessions conducted by 179 trained peer educators. During these interpersonal education sessions, adoption and maintenance of less risky sexual behaviors were discussed, such as abstinence and/or being faithful, condom use, and being tested for HIV. Peer educators were trained and retrained in behavior change communication techniques surrounding STI/HIV/AIDS prevention and social marketing.

Also in FY09, PSI reached 26,204 military personnel, their families, and surrounding civilian populations in the Kinshasa, Lubumbashi, and Mbuji-Mayi military camps. They were reached through mobile video unit education sessions. Films on HIV/AIDS prevention were projected onto the mobile screens. Themes covered during the educational sessions included modes of transmission, how to prevent HIV, CT promotion, and how to effectively adopt and maintain less risky sexual behaviors. The audience participated through an interactive

question-and-answer session in which they were asked to give their points of view on what they viewed.

#### Care

In FY09, 2 CT centers were renovated in Mbuji-Mayi and Lubumbashi. The centers will enable the military, family members, and civilians living near the centers to have access to quality CT services. A total of 7,802 individuals (troops, family members, and civilians) were tested for HIV and received their results. FHI will be doing outreach for CT services at all sites to increase the uptake of individuals receiving services.

#### Other

The first seroprevalence study for the AFDRC was conducted in the capital city of Kinshasa from July to August 2007. GVFI provided technical assistance and oversight for this study. During FY08, GVFI completed the HIV surveillance report and officially transferred it to the MOD in Kinshasa. Results have indicated a prevalence rate of 3.8%. For the study, the sample size was 4,045 troops using random sampling only in Kinshasa.

### Proposed Future Activities

DHAPP received proposals from GVFI, PSI, and FHI on behalf of the AFDRC and in conjunction with the in-country program manager for activities during FY10. Proposed activities include promoting CT and psychological support in military regions by training counselors in the military health centers, continuing prevention education for troops, training peer educators, developing TV/radio promotional segments for the military, and a male circumcision assessment.



# EQUATORIAL GUINEA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Equatorial Guinea is 633,000 people, with an average life expectancy of 62 years. Spanish and French are the official languages of Equatorial Guinea, which has an estimated literacy rate of 87%, unevenly distributed between men and women. Equatorial Guinea has experienced rapid economic growth due to the discovery of large offshore oil reserves, and, in the last decade, has become sub-Saharan Africa's third largest oil exporter. Forestry, farming, and fishing are also major components of the GDP. The GDP per capita is \$36,100. Undeveloped natural resources include titanium, iron ore, manganese, uranium, and alluvial gold. Growth remained strong in 2008, led by oil, but dropped in 2009, as the price of oil fell.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Equatorial Guinea's general population is estimated at 3.4%. Equatorial Guinea has approximately 11,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Equatorial Guinea Armed Forces (EGAF) is estimated at approximately 2,000 members. Equatorial Guinea allocates 0.1% of the GDP for military expenditures. A seroprevalence study was conducted within the EGAF during FY08. Results revealed an HIV rate of 10.1%.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

On behalf of DHAPP, the Global Viral Forecasting Initiative (GVFI) is providing technical assistance to the EGAF for its HIV prevention activities.

### OUTCOMES & IMPACTS

No programmatic activities occurred in FY09. GVFI began planning with the EGAF activities for FY10.

#### **Proposed Future Activities**

In FY10, GVFI will train peer educators, distribute prevention materials, and conduct a seroprevalence study within the EGAF.



# GABON

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Gabon's estimated population is 1.5 million people, with an average life expectancy of 53 years. French is the official language of Gabon, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Gabon has a per capita income 4 times that of most sub-Saharan African nations and the oil sector now accounts for 50% of the GDP. The GDP per capita is \$13,700. This has offset a sharp decline in extreme poverty; however, because of high income inequality, a large proportion of the population remains poor. Gabon depended on timber and manganese until oil was discovered offshore in the early 1970s.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Gabon's general population is estimated at 5.9%. Gabon has approximately 49,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon allocates 3.4% of the GDP for military expenditures. In 2007, with funding from DHAPP, the second HIV surveillance study for the GAF was conducted in Libreville, revealing a prevalence of 4.3%. Results of the study have been officially released by the Gabonese MOD.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The Global Viral Forecasting Initiative (GVFI) is providing technical assistance to the GAF through the implementation of HIV prevention activities.



### Foreign Military Financing Assistance

Gabon was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006 and 2007. Released in FY05, the 2003 funding was executed for laboratory supplies/reagents. Released in FY09, the consolidated 2005/2006 FMF funding remains in-house pending US Embassy coordination with the new government.

### Proposed Future Activities

GVFI will conduct refresher training of peer educators and counselors in military garrisons, produce and disseminate behavior change communication materials, and reinforce education on HIV/AIDS and other STDs.

### OUTCOMES & IMPACTS

No programmatic activities occurred in FY09. Planning occurred between GVFI and the GAF on upcoming prevention activities.



## REPUBLIC OF THE CONGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4 million people, with an average life expectancy of 55 years. French is the official language of the Republic of the Congo, which has an estimated literacy rate of 83%, unevenly distributed between men and women. The economy is a mixture of subsistence agriculture, an industrial sector based largely on oil, and support services. The government is characterized by budget problems and overstaffing. The Republic of the Congo was once one of Africa's largest petroleum producers, but, with declining production, new offshore oil discoveries will be necessary to sustain its oil earnings over the long term. Oil has supplanted forestry as the mainstay of the economy, providing a major share of government revenues and exports. The GDP per capita is \$4,200.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Republic of the Congo general population is estimated at 3.5%. The Republic of the Congo has approximately 73,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

##### **Military Statistics**

The Congolese Armed Forces (CAF) comprises approximately 10,000 members. The Republic of the Congo allocates 3.1% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the CAF in the capital city of Brazzaville, revealing a prevalence rate of 4.3%. In 2007, another HIV surveillance study was conducted for the CAF in Brazzaville and the prevalence rate was 2.6%.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

In the Republic of the Congo, DHAPP and the CAF are working with the Global Viral Forecasting Initiative (GVFI). GVFI will begin working with the CAF in 2010, using a grant awarded in August 2009.



## OUTCOMES & IMPACTS

No programmatic activities occurred in FY09.

## Proposed Future Activities

GVFI will support activities with the CAF, including prevention education training for peer educators and troops as well as the production of behavior change communication materials for trainers in military instruction centers.



## SAO TOMÉ AND PRINCIPE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Sao Tomé and Príncipe is 212,000 people, with an average life expectancy of 68 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 85%, unevenly distributed between men and women. This small, poor, island economy has become increasingly dependent on cocoa since achieving independence in 1975. Cocoa production has substantially declined in recent years because of drought and mismanagement, but strengthening prices helped boost export earnings in 2003. The recent discovery of oil in the Gulf of Guinea is likely to have an impact on the country's economy. The GDP per capita is \$1,400.



##### **Military Statistics**

The Armed Forces of Sao Tomé and Príncipe (AFSTP) is estimated at 600 active-duty troops, with Army, Coast Guard, and Presidential Guard branches. Recently, the first strategic plan for HIV/AIDS prevention in the military was approved for 2006–2010.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Sao Tomé and Príncipe general population is estimated at 2.4%. Little is known about the numbers of people living with HIV/AIDS and risk factors in this small population.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

On behalf of DHAPP, the Global Viral Forecasting Initiative (GVFI) is providing technical assistance to the AFSTP for its HIV prevention and surveillance activities.

## OUTCOMES & IMPACTS

### **Prevention**

No programmatic activities occurred in FY09. GVFI began planning with the AFSTP on prevention and surveillance activities for FY10.

### **Proposed Future Activities**

In FY10, GVFI will train peer educators, distribute prevention materials, and conduct a seroprevalence study within all military garrisons in the capital city of Sao Tomé.





# East Africa Region

## DJIBOUTI

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Djibouti is 725,000 people, with an average life expectancy of 60 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 68%, unevenly distributed between men and women. The economy is based on service activities connected with the country's strategic location and status as a free trade zone in northeast Africa. Two thirds of the inhabitants live in the capital city; the others are mostly nomadic herders. Low rainfall limits crop production to fruits and vegetables, and most food must be imported. The GDP per capita is \$2,800. Djibouti hosts the only US military base in sub-Saharan Africa and is a front-line state in the global war on terrorism.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Djibouti's general population is estimated at 3.1%. Djibouti has approximately 16,000 individuals living with HIV/AIDS. The primary mode of transmission is heterosexual contact. Women are more severely affected than men. According to the *2009 AIDS Epidemic Update*, surveys of bar-based female sex workers

in Djibouti have found HIV prevalence rates as high as 26%.

##### **Military Statistics**

The Djibouti National Army (DNA) is estimated at approximately 8,000 members. Djibouti expends 3.8% of the GDP on the military. In 2006, the DNA conducted its own seroprevalence study and found a rate of 1.17%.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff members have worked in coordination with the DNA and the US MLO in Djibouti to provide technical assistance, as needed, as the DNA prevention and care program continues to expand.





### Foreign Military Financing Assistance

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2006 and 2007. Released in FY05, the 2003 funding were employed for a hematology analyzer, autoclave, centrifuge, rapid test kits, immunoassay/biochemistry/microbiology equipment, refrigerators, and supporting laboratory reagents/supplies. Released in FY09, the 2006 funding was executed for lab equipment/supplies/reagents. The 2007 funding is in process and has not been received yet by DHAPP.

### Care and Treatment

The DNA supports 3 care and treatment sites where 15 members were provided with services including ART and 10 received food and nutritional supplementation due to severe malnutrition.

### Proposed Future Activities

DHAPP received a proposal from the US MLO on behalf of the DNA for activities in FY10. Specific objectives of the proposal include continuing prevention efforts, increasing the number of troops tested, and providing medical personnel with training on blood safety and laboratory services.

## OUTCOMES & IMPACT

### Prevention

The DNA provided training to 50 nurses and paramedics on blood safety. Three (3) service outlets provide PMTCT services for the DNA. During FY09, 324 pregnant women received PMTCT services, and 3 of them received a complete course of antiretroviral prophylaxis.

The DNA supports 5 CT centers for its troops. The CT centers are located throughout the DNA bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. During FY09, 932 DNA personnel were counseled and tested.





## ERITREA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Eritrea is 5.6 million people, with an average life expectancy of 62 years. Several languages are spoken in Eritrea, including Afar and Arabic, with an estimated literacy rate of 59%, unevenly distributed between men and women. The GDP per capita is \$700. A two-and-a-half-year border war with Ethiopia that erupted in 1998 ended under UN auspices in December 2000. Eritrea currently hosts a UN PKO that is monitoring a 25-km-wide Temporary Security Zone (TSZ) on the border with Ethiopia. An international commission, organized to resolve the border dispute, posted its findings in 2002. However, both parties have been unable to reach agreement on implementing the decision. On 30 November 2007, the Eritrea-Ethiopia Boundary Commission (EEBC) remotely demarcated the border by coordinates and dissolved itself, leaving Ethiopia still occupying several tracts of disputed territory, including the town of Badme. Eritrea accepted the EEBC's "virtual demarcation" decision and called on Ethiopia to remove its troops from the TSZ, which, it states, is Eritrean territory. Ethiopia has not accepted the virtual demarcation decision. Few private enterprises remain in Eritrea; however, a Canadian mining company signed a

contract with the government in 2007 and plans to begin mineral extraction in 2010.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Eritrea's general population is estimated at 1.3%. Eritrea has approximately 38,000 individuals living with HIV/AIDS. Identified significant risk factors include blood transfusions and unprotected sexual contact. Most cases of HIV in Eritrea are spread through heterosexual sex.

#### **Military Statistics**

The Eritrean Armed Forces (EAF) is estimated at approximately 200,000. Eritrea allocates 6.3% of the GDP for military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

Bilateral military programs for HIV prevention in the EAF were suspended in FY07 and remain suspended.

### OUTCOMES & IMPACT

No activities occurred in FY09 because the bilateral military programs have been suspended indefinitely by the US Embassy in Asmara.

## ETHIOPIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Ethiopia is 85 million people, with an average life expectancy of 55 years. Amharic is the official language of Ethiopia, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The GDP per capita is \$900. Ethiopia's economy is based on agriculture, accounting for half of the GDP, 60% of exports, and 80% of total employment. The agricultural sector suffers from frequent drought and poor cultivation practices. Coffee is critical to the Ethiopian economy, with exports of some \$350 million in 2006. Normal weather patterns helped agricultural and GDP growth recover in 2003–2008.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Ethiopia's general population is estimated at approximately 2%, with 980,000 living with HIV/AIDS. Ethiopia has a generalized epidemic, with risk groups that include sex workers, uniform services, migrant populations, and displaced individuals.

##### **Military Statistics**

The Ethiopian National Defense Forces (ENDF) has approximately 200,000 active-duty members. Ethiopia expends 3% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence and behavioral risk study of the ENDF is under way.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff participates in the PEPFAR Ethiopia Country Support Team. Together they provided technical assistance in preparing the FY10 COP. DHAPP has an in-country program manager who works for the Security Assistance Office at the US

Embassy in Addis Ababa. The University of Connecticut Center for Health, Intervention, and Prevention (CHIP) and the Research Triangle Institute (RTI) are implementing partners in Ethiopia for the ENDF and DHAPP. US DoD blood personnel provide ongoing support to the ENDF safe blood program and the Bella Blood Center funded through PEPFAR.

### Foreign Military Financing Assistance

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and released for expenditure in FY05. Funding for the 2003 appropriation has been used to procure ENDF Bella Blood Center facility equipment.

## OUTCOMES & IMPACTS

### Prevention

The ENDF Bella Blood Center facility in Addis Ababa began operations in fall 2007. The Center uses state-of-the-art laboratory technology and has the first computer system for tracking blood donations from vein to vein. Throughout FY09, blood banking technical assistance was provided by US Armed Services Blood Program personnel to assist the ENDF by training 18 lab technicians, nurses, health officers, and physicians in blood-safety procedures and practices. The safe blood program will expand to include other donor facilities, transfusion services at selected hospitals, mobile collection services, and field support for provision of blood to fully implement the ENDF's vision of a clean blood supply for

its military, regardless of location of donors or recipients.

An infection control assessment has been completed, and funding is available to provide the ENDF with basic materials such as gloves, waste disposal items, and masks. Full plans to provision selected sites are being finalized.

### Care

In the ENDF, a *Prevention with Positives* and an adherence to antiretroviral therapy program was reviewed and is anticipated to begin in 2010. CHIP personnel worked collaboratively with ENDF representatives on the program, which is anticipated to be initiated at Bella Hospital and Air Force Hospital in Debre Zeit. In the interim, CHIP has been working on developing preliminary drafts of ART adherence support materials and *Prevention with Positives* materials as well as on program evaluation plans.

### Other

HIV prevalence in the ENDF is unknown. Since prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, the ENDF is undertaking a linked HIV prevalence and behavioral survey. DHAPP and RTI are providing technical assistance to the ENDF, and the survey is currently under way.

### Proposed Future Activities

Some of the proposed activities for the ENDF in FY10 include completing the seroprevalence study among ENDF personnel, and providing training in data entry, data analysis, and report-writing support. Data from the behavioral risk survey will be used to inform HIV prevention activities and plan clinical care. The

implementation of the *Prevention with Positives* and an adherence to antiretroviral therapy program will begin and there will be continued capacity development for the Bella Blood Bank Center, with expansion of sites using blood processed by the ENDF. The injection-safety program for the ENDF will continue. DHAPP will work with the ENDF to develop a prevention program directed toward high-risk military personnel near civilian communities. Funding for male circumcision will be used to implement a program within the ENDF. John Hopkins University will become an ENDF partner and will work to formulate the plan in 2010. Funds will also be used to support ENDF management and clinical capacity.





**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Kenya's estimated population is 38 million people, with an average life expectancy of 58 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance upon several primary goods whose prices have remained low. In the December 2002 elections, a new opposition government took on the economic problems facing the nation. In 2003, progress was made in rooting out corruption and encouraging donor support, with the GDP growing more than 5% in 2005. Postelection violence in early 2008, coupled with the effects of the global financial crisis on remittance and exports, reduced estimated GDP growth to below 2% in 2008 and 2009. The GDP per capita is \$1,600.

Kenya has over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. Only 10 cities have over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. Only about 18% of the population lives in urban centers. The vast majority of

Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita), a dual MOH, and stigma continue to limit access to health care.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in Kenya's general population is between 7.1–8.3%, but varies significantly by region. For example, in Nyanza the HIV prevalence rate is 14.9%, while the North Eastern Province is 0.8%. Kenya has approximately 1.4 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Girls and young women are particularly vulnerable to infection. Women aged 15–24 years are more than 4 times as likely as men of the same age to be infected. HIV prevalence among uncircumcised men aged 15–64 years was three times greater than among circumcised men. Only 16.4% of HIV-positive Kenyans know their HIV status.

**Military Statistics**

The Kenyan Ministry of Defense, sometimes called the Kenya Department of Defense (KDOD), is estimated at approximately 45,000

personnel. Kenya allocates 2.8% of the GDP for military expenditures; however, the MOD designates negligible funding for HIV/AIDS. No seroprevalence study has been done for the KDOD, so its rate of 5.9% is an estimate.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research (WRAIR) US Army Medical Research Unit –Kenya (USAMRU-K) is a fully staffed OCONUS laboratory and under the US Mission/Embassy in Nairobi. The USAMRU-K primary lab and administrative hub is located at the Kenya Medical Research Institute (KEMRI) in Nairobi but also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army colonel and staffed by 11 total active-duty military personnel, 1 Department of Army civilian, and 305 contract employees. Of this staff, 2 of the active-duty military (1 program manager) and 7 contract personnel provide direct oversight, and 8 provide in-country technical assistance to the KDOD PEPFAR program. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US military liaison to the government of Kenya and is a US Africa Command field office that coordinates US

security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assist in coordinating higher-level meetings with the KDOD, ensuring Combatant Command goals and objectives are met. In addition, formal byplay is achieved with the US Embassy DAO.

USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (MHRP) in both technical and administrative operations. Additional technical support is provided by DHAPP staff members working in collaboration with USAMRU-K and MHRP. In country, USAMRU-K participates as part of the USG PEPFAR team along with the CDC, USAID, Department of State, and the Peace Corps in setting USG strategic objectives and in the development of the annual COP through which PEPFAR funds are solicited. USAMRU-K also participates, and in some instances leads, PEPFAR USG technical working groups, which inform program area-specific planning, activity monitoring, and COP development.

USAMRU-K also works directly with the KDOD in the execution and implementation of PEPFAR-supported activities. This close collaboration ensures activities with the KDOD under PEPFAR meet overall PEPFAR strategic goals. This is achieved through the joint development by USAMRU-K and the Kenya MOD of an annual HIV document referred to as the “KDOD HIV Work Plan.” This work plan is informed through a strategic review of the strengths, weakness, challenges, and achievements of the prior year’s work plans in light of all available resources. After these elements are fully considered, solutions are developed to address weaknesses and challenges, while expansion and exploitation of



the programs strengths are strategically planned for the following year's work plan, leveraging both PEPFAR and KDOD financial resources as part of one effort. In addition, all planning is conducted and harmonized with the Kenyan's country strategic goals as outlined in the Kenya National AIDS Strategic Plan (KNASP). This is to assure that the KDOD program is in step with the needs, focus, and priorities of the host country.



## OUTCOMES & IMPACTS

### **Prevention**

During FY09, the KDOD continued to provide significant results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 54,449 military personnel and their families were reached with prevention messages that focused primarily on abstinence and/or being faithful. A total of 14,143 troops and families received abstinence-only messages, mainly through faith-based organizations and seminars aimed at the youth in the military population; 204 others were trained in the provision of those messages. In addition, 17,077 military members and their families were reached with comprehensive

prevention messages. Condom services were provided through 440 dispensing points (mess toilets, hospital waiting rooms, clinics, and bars). Eighteen (18) individuals were trained in the provision of comprehensive prevention information.

During the fiscal year, 1,733 women were provided with PMTCT services at 15 sites. These services included counseling, HIV testing, and results. Of the women tested in the PMTCT setting, 108 were provided with a complete course of ARV prophylaxis. Forty-six (46) HIV-positive pregnant or lactating women received food and nutritional supplementation at the PMTCT sites.

### **Care**

Seven (7) service outlets provided HIV-related palliative care to military members and their families. During the year, 2,094 individuals were provided with HIV-related palliative care. These numbers included 256 individuals receiving treatment for TB. A total of 50 individuals were trained and certified on HIV-related palliative care including TB and HIV. The trainings were conducted by the National AIDS/STI Control Programme in line with the Kenya MOH curriculum.

Twenty (20) CT centers provided HIV testing for KDOD personnel. By the end of the reporting period, the KDOD HIV program had reached 14,004 individuals with HIV CT services. Of these, a total of 322 TB patients were provided with diagnostic CT in the TB clinics.



### Treatment

During FY09, 7 outlets provided ART services to KDOD personnel and their families. Three hundred thirty-seven (337) individuals were newly started on ART during the reporting period. At the end of the reporting period, 1,473 individuals were considered current clients receiving ART. A total of 340 individuals receiving ART with evidence of severe malnutrition were provided with nutritional supplementation based on WHO guidelines. A total of 7 lab personnel were trained on MOH training curriculum.

### Proposed Future Activities

Ongoing successful KDOD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Kenyan Country Support Team and were included in the FY10 COP.



## RWANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Rwanda is 11 million people, with an average life expectancy of 57 years. English, French, and Kinyarwanda are the official languages of Rwanda, which has an estimated literacy rate of 70%, evenly distributed between men and women. The GDP per capita is \$1,000. Rwanda is a poor rural country with about 90% of the population engaged in (mainly subsistence) agriculture. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners are coffee and tea.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Rwanda's general population is estimated at 2.8%, a decline from recent years. Rwanda has approximately 150,000 individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections according to the *2009 AIDS Epidemic Update*, which include sex workers, their clients, and men who have sex with men.

##### **Military Statistics**

The Rwandan Defense Forces (RDF) is estimated at approximately 30,000. Rwanda expends 2.9% of the GDP on military expenditures. A seroprevalence study was conducted in the RDF and analysis is currently under way.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The RDF HIV/AIDS program is a collaborative effort between the RDF, the DAO at the US Embassy, PSI, Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES), and DHAPP. In FY09, Jhpiego (a Johns Hopkins University affiliate) joined the RDF as a partner. Working in the DAO an in-country program manager coordinates activities between the implementing partners and the RDF. DHAPP staff members provided technical assistance to the RDF during in-country visits throughout FY09.



## OUTCOMES & IMPACTS

### Prevention

During FY09, Drew CARES and PSI worked with the RDF on prevention messages. The PSI/Rwanda military team and anti-aids club members conducted behavior change communications activities to address HIV prevention among military members. The teams use interpersonal communication, mobile video unit sessions and educational (theater, poem, and drama) sessions to reach military camps in 15 districts. In addition to sexual prevention, PSI also addresses gender-based violence, alcohol reduction, stigma, and discrimination and encourages the importance of getting tested for HIV. Drew CARES conducted 2 trainings in behavior change communication for the military. PSI's program manager co-facilitated peer educator training of trainers with Drew CARES, demonstrating excellent collaboration and supporting the harmonization of training approaches among military partners. In total, 91,464 troops and family members were reached with prevention messages and 462 peer educators were trained. Nearly 98% of the RDF was reached by partners in every region of the country.

Drew University trained 234 providers in blood safety. Those trained learned about safe and effective use of blood products, prevention of transfusion-transmitted infections, blood collection, blood grouping and compatibility testing, reduction in unnecessary transfusions through the effective clinical use of blood, testing of all donated blood, low-risk donor populations, and national policy and guidelines on the clinical use of blood.

Two (2) PMTCT outlets provided services to 1,620 pregnant women, including CT. Forty-seven (47) women received a complete course of ARV prophylaxis, and 79 health workers were newly trained or retrained in the provision of PMTCT services.

In the latter part of FY09, Jhpiego became an RDF partner and began planning activities with the Rwandan military. They will provide male circumcision services, assess target sites, equip and strengthen these sites, train master-level trainers, train medical staff in both counseling and surgery, and work with national-level stakeholders to develop guidelines, norms, and procedures for male circumcision.



### Care

Eight (8) service outlets provided HIV-related palliative care to military members and their families. During the year, Drew CARES provided 2,006 individuals including RDF members with HIV-related palliative care, and trained 5 individuals in the provision of that care.

Drew CARES established 5 new CT centers at the brigade level. A total of 8 CT centers provided HIV testing for RDF personnel, again monitored as part of the larger PSI program. During FY09, 8,896 individuals were tested for HIV and received their results, including RDF members and their dependents. Training for 57 individuals occurred in FY09. All HIV-positive clients were referred to surrounding public clinics or Kanombe Military Hospital in Kigali through the Medical Brigade Doctors for follow-on services.

### Treatment

Drew CARES acted on behalf of the RDF as its implementing agent for ART. During FY09, 8 outlets provided ART services to RDF personnel, their families, and civilians in the surrounding area. Two hundred ninety-three (293) individuals were newly started on ART, and 2,013 individuals were receiving ART by the end of the reporting period. Seventy-four (74) military health workers were trained in the provision of ART.

During this reporting period, Drew CARES trained 32 lab technicians from the 8 DHAPP-supported service outlets. The training topics included blood safety, quality assurance, and conducting tests such as hepatitis, full blood count, and CD4 counts.

### Proposed Future Activities

In addition to the ongoing successful efforts of in-country PEPFAR partner PSI in RDF prevention program implementation, DHAPP collaborated with Drew CARES to expand its work in Rwanda. Drew CARES is working with the RDF in HIV-related palliative care and treatment services as well as CT services. Jhpiego will assess target sites, equip and strengthen these sites, train master-level trainers, train medical staff in both counseling and surgery, and work with national-level stakeholders to develop guidelines, norms, and procedures for male circumcision.



## SUDAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Sudan has been engaged in two prolonged civil wars during most of the second half of the 20th century. A separate conflict, which broke out in the western region of Darfur in 2003, has displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. The UN took command of the Darfur PKO from the African Union on 31 December 2007. In early 2009, peacekeeping troops were struggling to stabilize the situation, which became increasingly regional in scope, and brought instability to eastern Chad, and Sudanese incursions into the Central African Republic. Sudan also has faced large refugee influxes from neighboring countries, primarily Ethiopia and Chad. Armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. The estimated population of Sudan is 41 million people, with an average life expectancy of 51 years. Arabic and English are the official languages of Sudan, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The GDP per capita is \$2,300, with an unemployment rate of 18.7%.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Sudan's general population is estimated at 1.4%, with 320,000 individuals currently living with HIV/AIDS. According the *2009 AIDS Epidemic Update*, epidemics in the Middle East and North Africa are typically concentrated among injection drug users, men who have sex with men, and sex workers and their clients. Exceptions to this general pattern include southern Sudan, where transmission is also occurring in the general population. Very little information is known about risk factors in this population.

#### **Military Statistics**

The Sudan People's Liberation Army (SPLA) began as a rebel force but is now the recognized military of the autonomous region. The SPLA plays a central role in the government, with influence extending through all layers of a highly militarized society. Sudan expends 3% of the GDP on military





purposes. The exact SPLA troop and prevalence numbers are unknown at this time. It is estimated that the SPLA may comprise 100,000–125,000 troops. SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventative services, and low education and literacy levels.

The SPLA plays a significant role in efforts to reduce the impact of HIV in southern Sudan. SPLA soldiers come from all over southern Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will extend well beyond the ranks of military personnel and their families.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

Sudan was named as a PEPFAR participating country beginning in FY07. DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. In FY09, the DoD had a security assistance program manager located in Juba to assist with DoD activities. Also, Research Triangle Institute (RTI) became an implementing partner for DHAPP and the SPLA in FY09.

As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of postconflict demobilization, reintegrates

former combatants into civilian life, and develops remaining troops into a professional military force. The USG supports the institutional development of the SPLA through IntraHealth International, an implementer for CDC and PSI, an implementer for USAID. IntraHealth and PSI help implement prevention, CT, care, and treatment activities aligned with the strategic planning for the SPLA's HIV/AIDS response.

## OUTCOMES & IMPACT

### **Prevention and Other**

DHAPP staff participate in Sudan's Country Support Team activities and works with CDC and USAID in engaging the SPLA. In FY10, the CDC and DoD worked with the SPLA on an alcohol and HIV initiative among military populations.

Four (4) SPLA medical personnel attended various HIV/AIDS management (to include lab management) courses at the IDI in Kampala, Uganda. In addition, SPLA Medical Corps Commander and the HIV/AIDS director attended the *8th Annual Defense Institute for Medical Operations HIV/AIDS Strategic Planning and Policy Development Course* in San Antonio, Texas, in December 2008.

In September 2009, RTI began planning with the SPLA and DHAPP for an upcoming seroprevalence and behavioral study that will specifically gather data on HIV knowledge and attitudes and high-risk sexual behaviors among the SPLA.

### **Proposed Future Activities**

Continued HIV programming for the SPLA was proposed by the Embassy to the PEPFAR Sudan Country Support Team. All proposed activities were included in the FY10 COP. In particular, the

SPLA HIV/AIDS Secretariat will direct the evolution of program priorities over time, but direct PEPFAR support will focus heavily on building institutional capacity and prevention campaigns based on partner reduction, CT, and condoms. CDC and USAID, with PEPFAR funds, proposed supporting the SPLA HIV/AIDS Secretariat through partnerships with IntraHealth International and PSI. DHAPP will support a seroprevalence and behavioral survey within the SPLA during FY10.



## TANZANIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Tanzania's estimated population is 41 million people, with an average life expectancy of 52 years. Kiswahili, Swahili, and English are the official languages of Tanzania, which has an estimated literacy rate of 70%, unevenly distributed between men and women. Tanzania is one of the poorest countries in the world. The economy depends heavily on agriculture, which accounts for more than 40% of the GDP, provides 85% of exports, and employs 80% of the work force. The GDP per capita is \$1,400.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Tanzania's general population is estimated at 6.2%, with approximately 1.4 million individuals living with HIV in Tanzania. Prevalence rates are higher in urban than in rural areas, and women are more severely affected than men. Identified significant risk factors include high-risk heterosexual contact and contact with sex workers.



##### **Military Statistics**

The size of the Tanzanian People's Defense Force (TPDF) is approximately 35,000. Information regarding HIV prevalence in the military is not available. Tanzania expends 0.2% of the GDP on military expenditures.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The TPDF works in collaboration with the Walter Reed Army Institute of Research (WRAIR) and PharmAssess International (PAI) on its HIV/AIDS program. WRAIR programs in Tanzania are directed by a US Department of Army civilian with attaché status hired under the Division of Retrovirology who reports directly to the Ambassador of the US Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hub is located in Silver Spring, Maryland, and Fort Detrick in Fredrick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program progress on the ground. WRAIR works closely with the Defense Attaché Office (DATT) at the US Embassy. Though not involved in the day-to-day management of the PEPFAR program, DATT staff assist in coordinating higher-level meetings with the TPDF,



ensuring goals and objectives of the Combatant Command are met.

PAI is an NGO based in the Netherlands and has more than 15 years of experience working on comprehensive, workplace HIV programs in Africa, and over 5 years working with the TPDF. Through a grant issued by the US Army Medical Research Acquisition Activity based at Fort Detrick, PAI provides not only managerial and fiscal oversight of the program but also focuses technical assistance on both clinical and behavioral interventions for the TPDF.

WRAIR PEPFAR activities are further supported by US-based staff at WRAIR Headquarters and its US Military HIV Research Program (MHRP) under the Division of Retrovirology in both technical and administrative areas. Additional technical support is provided by MHRP staff located in Kenya and DHAPP staff members working in collaboration with MHRP. In country, WRAIR participates in PEPFAR technical working groups along with the CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, WRAIR also ensures activities with the TPDF funded by PEPFAR meet overall USG PEPFAR strategic goals.

## OUTCOMES & IMPACT

### **Prevention**

The TPDF prevention program targets all 5,000 recruits, 30,000 military personnel, 90,000 dependents, and 80,000 civilians living near the military camps and hospitals. During FY09, the TPDF program reported

outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 73,138 troops, their dependents, and civilians living in the communities around the 8 military health centers were reached with prevention messages. Fourteen (14) new peer educators were trained in the provision of those messages. The peer educators represent 5 Army Brigades, and the Air Force, Navy, and military intelligence. Condom services were provided through 164 targeted outlets. Gender and gender-based violence have been integrated in peer education trainings and in so-called life-skills trainings for recruits. Top commanders from all brigades have attended HIV-awareness workshops, and HIV-prevention has become part of their speeches whenever they visit the facilities and camps in their region. Once or twice per year, the 8 military hospitals organize “Open-House Days” and the surrounding communities are informed about the risks of HIV/AIDS through drama, music, and speeches by commanders and individuals living with HIV.

The number of PMTCT sites increased from 9 to 22 in 2009. All sites needed extensive renovation, training of staff, and approval by the Ministry of Health and Social Welfare (MOHAW) to provide ARVs. These services included CT for HIV and receiving results.



Of the 5,228 women tested in the PMTCT setting, 296 were provided with a complete course of ARV prophylaxis. Thirty (30) military health care workers were trained in the provision of PMTCT services, in accordance with the national PMTCT guidelines.

### Care

There are 10 palliative care sites for the TPDF, and 7,699 individuals received services. Five hundred ninety-five (595) palliative care patients received treatment for TB. Thirty-one (31) medical officers and nurse counselors have been trained on palliative care services including TB, according to the guidelines of the National AIDS Control Programme TB Unit and the National Tuberculosis and Leprosy Program. In 2009, all sites were equipped with computers and databases, and data-entry clerks from all sites have been trained on reporting.

Thirty-six (36) CT centers provided HIV testing for TPDF personnel. In FY09, 24 TPDF health facilities were renovated, and a total of 50,243 troops, family members, and civilians were tested for HIV and received their results. Ninety-six (96) military members were trained in the provision of CT services. All persons who came for CT were extensively informed about HIV prevention, both in pre- and post-test counseling sessions. The counselors were trained for that purpose. All CT and care and treatment sites are equipped with televisions and DVD players, and HIV awareness films are played almost continuously. Provider-initiated Counseling and Testing has replaced voluntary CT, in accordance with the MOHSW CT guidelines.

### Treatment

In FY09, 186 military health workers were trained in the provision of ART. At the 8 TPDF treatment sites, 2,159 individuals were newly initiated on ART, and, by the end of reporting period, 5,070 current patients were on ART. Ten (10) TPDF laboratories had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 40 laboratory workers were trained in the provision of laboratory services. One of the major accomplishments of this program is that the care and treatment services of the TPDF hospitals are more integrated with the National Care and Treatment Plan under the MOHSW.

### Other

SI training was provided to 185 individuals. The training addressed electronic records and improving data quality.

### Proposed Future Activities

Ongoing successful TPDF and partner programming will continue to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Tanzania Country Support Team and were included in the FY10 COP.

## UGANDA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Uganda is 32 million people, with an average life expectancy of 53 years. English is the official language of Uganda, which has an estimated literacy rate of 67%, unevenly distributed between men and women. Uganda has substantial natural resources, including fertile soils, regular rainfall, and sizable mineral deposits of copper and cobalt. Agriculture is the most important sector of the economy, employing over 80% of the work force. The GDP per capita is \$1,300.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Uganda's general population is estimated at 5.4%, with approximately 940,000 individuals living with HIV/AIDS. Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. According to the *2009 AIDS Epidemic Update*, in Uganda, people in serodiscordant, monogamous

relationships were estimated to account for 43% of incident infections in 2008. Also, 46% of new HIV infections in Uganda were estimated to have occurred among people with multiple sexual partners and the partners of such individuals.

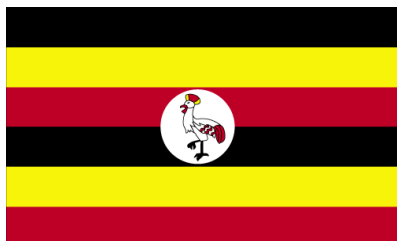
##### **Military Statistics**

The Ugandan Peoples Defense Force (UPDF) consists of approximately 50,000 active-duty members, with an estimated 200,000 dependents. Uganda expends 2.2% of the GDP on the military. Military HIV prevalence rates are unknown, but a seroprevalence survey is under way.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The UPDF HIV/AIDS Control Program is a collaborative effort between the UPDF, the DAO at the US Embassy in Kampala, DHAPP, the University of Connecticut Center for Health, Intervention, and Prevention (CHIP), the National Medical Research Unit (NAMERU), and Research Triangle Institute (RTI). An in-country program manager who works out of the DAO oversees the day-to-day operations of



the program, including oversight of the implementing partners.

### **Foreign Military Financing Assistance**

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, and 2007. Received in FY05, the 2003 funding was executed for hematology and chemistry analyzers plus supporting supplies/reagents/accessories. Received in FY07, the 2004 funding was executed for hematology and chemistry analyzers and cytometer reagents/supplies.

## **OUTCOMES & IMPACTS**

### **Prevention**

For comprehensive HIV prevention including correct and consistent condom use, the UPDF HIV/AIDS prevention program has an extensive health education network that extends to lower-level army units such as brigades and battalions. It also reaches out to communities surrounding the barracks where soldiers commonly interact and enter into sexual relationships that are likely to increase risk of HIV infections. A comprehensive package addresses behavior change, benefits, and availability of HIV CT services, and management of STIs.

DHAPP's provision of a film van for the UPDF health workers has tremendously boosted prevention message accessibility to rural units and troops. Prevention messages in film are being delivered to rural units that had been impossible to reach. Through this

creative method, the program was able to reach 30,658 military personnel and their family members with HIV prevention messages. In addition, health care workers, including the UPDF director of the HIVAIDS program, continued to deliver health education talks to the troops. Similarly, the use of military commanders to deliver specific prevention messages at military parades has been highly effective in creating awareness. However, it is the post-test clubs and peer educators who continued to be the cornerstones for implementation of the HIV prevention strategies in the military. These help individuals and small groups to further discuss and internalize prevention messages at a personal level. They discuss the dangers of alcohol abuse, gender-based violence, and risky sexual behaviors specific to the military. Each division has a drama group that stages drama shows embedded with HIV prevention messages.

During FY09, a total of 52,994 troops, family members, and civilians in the surrounding military communities were reached with prevention messages, and 145 peer educators were trained in the provision of these messages. The UPDF has ensured that condoms continue to be part of the military kits for soldiers going into operational zones. The UPDF supports at least 20 condom service outlets at the division-level hospitals, and a total of 4,750,000 condoms were issued to peripheral facilities.

The UPDF has entered into a partnership with NAMERU to strengthen provision of injection safety services in its health facilities. The level of awareness for injection safety among UPDF health care workers is steadily increasing, and 132 individuals were trained in the provision of injection safety.

Twelve (12) service outlets provide PMTCT services for the UPDF. There were 2,586 women who were provided with these services, including counseling and receipt of their testing results. Of those women, 373 were given a complete course of ARV prophylaxis. In addition, 43 health care workers were trained in the provision of PMTCT services. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment.

### Care

Twelve (12) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY09, 7,430 individuals were provided with palliative care services, and 32 health workers were trained in the provision of these services. The training for palliative care services was provided for physicians, nurses, and clinical officers, through IDI in Kampala. IDI, in collaboration with the UPDF, has developed a course aimed at ramping up skills in ART use, recognition and management of OIs, and PMTCT services.

The UPDF provided services to 509 OVC, and began a strategy of integrating support activities for the OVC into school-based programs, such as health education about abstinence, increasing counseling and care services coverage in the schools, and fighting stigma against those infected with HIV. In this strategy, the teachers are specifically trained and empowered to incorporate OVC activities into their routine teaching curriculums. In addition, linkages have been made for OVC and services available to them, to include care and treatment.

Nineteen (19) CT centers have been established, covering all of the major military bases, with 21,678 persons tested in 2009. Training for CT services was provided to 123 individuals. The CT program is directly linked to palliative care, including drugs for OIs, provided for HIV-infected military personnel and family members. RTI will be assisting the UPDF in increasing uptake of CT services among UPDF personnel.

### Treatment

ART is now provided through PEPFAR and Global Fund support at 12 UPDF sites, serving 4,823 military personnel, spouses, and children. During FY09, 997 individuals were newly initiated on ART. In addition, a team of CHIP researchers trained 32 UPDF health workers in palliative care, adherence counseling, and quality data assessment.

In FY09, CHIP conducted focus groups at 3 military hospitals to gather information about the levels of ART adherence among clients, the barriers or challenges to ART adherence, and what was feasible and acceptable to implement at military hospitals and elsewhere in the UPDF. In response to their findings, a series of training workshops was developed and conducted with 2 military hospital staff, and educational materials were developed. The project is expected to continue in FY10.

### Other

An HIV seroprevalence survey was conducted for the UPDF with the assistance of NAMERU in FY08. The survey targeted 3,000 randomly selected troops on 5 military bases across the country. Data analysis is in its final stages.



A proper electronic management information system (MIS) that meets UPDF's monitoring needs, MOH, and PEPFAR/DHAPP reporting requirements is under way. To improve data-capture reporting in the UPDF, 3 health facilities (Bombo, Nakasongola, and Gulu) were selected to pilot an improved MIS.

### **Proposed Future Activities**

Ongoing successful UPDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Uganda Country Support Team and were included in the FY10 COP.



## Union of Comoros

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The Union of the Comoros lies in the Indian Ocean archipelago and is composed of Grande Comore, Moheli, Mayotte, and Anjouan islands. The estimated population of Comoros is 752,000 people, with an average life expectancy of 63 years. French and Arabic are the official languages of Comoros, which has an estimated literacy rate of 57%, unevenly distributed between men and women. Comoros obtained independence from France in 1975. Since then, more than 20 coups and secession attempts have occurred. In 1999, the Comoros Army took control of the government and negotiated a constitution in 2001 known as the Fomboni Accords. An objective of this new government order was to end the political instability and almost constant violence that had earned it the title of “the coup-coup islands.” This constitution provided each island with a semiautonomous government, a president, and its own parliament. Comoros also has a rotating national presidency for the overarching Union government. In spite of this, military action was needed on March 2008 to regain control of the Anjouan Island. In a military operation, African Union coalition forces from Tanzania, Sudan, and Senegal, with logistical support from

Libya, supported the Comoros government’s military in regaining control. The GDP per capita is \$1,000.

##### **HIV/AIDS Statistics**

The current HIV prevalence rate in the Comorian general population is <0.1, with fewer than 200 people living with HIV/AIDS.

##### **Military Statistics**

The Comoros Army of National Development (CAND) is composed of approximately 700 members of the Security Force and 500 Federal Police. The Union of Comoros maintains a defense treaty with France, which provides training of Comorian military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. Comoros allocates 2.8% of the GDP for military purposes.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff members have been collaborating with the CAND and the DAO at the US Embassy in Moroni on an HIV/AIDS program.

### **Proposed Future Activities**

Program activities originally planned for FY09, which include prevention and CT, will occur in FY10.

## OUTCOMES & IMPACT

DHAPP is standing by to provide assistance with CAND HIV prevention activities. DHAPP approved FY09 funds for providing CT services, to include counselor training and procuring test kits. Funds will also be used for producing and distributing HIV prevention materials. It is expected that activities will continue in FY10.







# North Africa Region

# MAURITANIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Mauritania is 3 million people, with an average life expectancy of 60 years. Arabic is the official language of Mauritania, which has an estimated literacy rate of 51%, unevenly distributed between men and women. Mauritania achieved independence from France in 1960. A bloodless coup in August 2005 deposed the President and ushered in a military council that oversaw a transition to democratic rule. An independent candidate was inaugurated in April 2007 as Mauritania's first freely and fairly elected president. His term ended prematurely in August 2008 when a military junta deposed him and ushered in a military council government. Meanwhile, the country continues to experience ethnic tensions among its black population (Afro-Mauritanians) and White and Black Moor (Arab-Berber) communities. The GDP per capita is \$2,100.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Mauritania's general population is estimated at less than 0.8%, with approximately 14,000 people living with HIV. Risk factors are largely unknown.

#### **Military Statistics**

The Mauritanian Armed Forces (MAF) is composed of an estimated 16,000 members. Mauritania allocates 5.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

During FY09, no funding was provided to the MAF for program activities because of the current political situation.



## MOROCCO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Morocco is 31 million people, with an average life expectancy of 75 years. Arabic is the official language of Morocco, which has an estimated literacy rate of 52%, unevenly distributed between men and women. Moroccan economic policies brought economic stability to the country in the early 1990s, but have not spurred growth sufficient to reduce unemployment that nears 20% in urban areas. The GDP per capita is \$4,600. Morocco's GDP grew to 5.3% in 2008, with the economy recovering from a draught in 2007 that severely reduced agricultural output and necessitated wheat imports at rising world prices.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Morocco's general population is 0.1%, with approximately 21,000 people living with HIV. HIV in Morocco is mainly transmitted through heterosexual intercourse. Less-frequent modes of transmission include sexual contact with men who have sex with men, intravenous drug use, and blood or blood products. According to the *2009 AIDS Epidemic Update*, Morocco estimated that 4% of men who have sex with men and 6.5% of

drug users are HIV-infected. There was a 24-fold rise in the number of people tested for HIV between 2001 and 2007—from 1,500 to 35,458.

##### **Military Statistics**

The Moroccan Royal Armed Forces (MRAF) has an estimated 200,000 troops. The Royal Armed Forces comprises its Army (includes Air Defense), Navy (includes Marines), and Air Force. Morocco allocates 5% of the GDP for the military. All new recruits are required to be tested for HIV.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The MRAF implemented a prevention program for its forces beginning in 1996. The MRAF, through its Health Inspection Division, has been able to sustain an HIV/AIDS prevention program with assistance from DHAPP and the OSC in Rabat.

## OUTCOMES & IMPACTS

### Prevention and Treatment

During FY09, 2,400 troops were reached with comprehensive prevention messages, and 100 peer educators were trained. The program targets young recruits for several reasons such as international assignments and frequent displacements. In each unit targeted by the program, condoms were given to the troops after the peer education sessions.

### Proposed Future Activities

DHAPP received a proposal from the MRAF for activities in FY10. Goals for its prevention efforts include (1) continue prevention education for troops, (2) conduct train-the-trainer and peer education sessions, (3) educate health care professionals on ART services, and (4) procure a mobile CT unit.





## South Africa Region

## BOTSWANA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

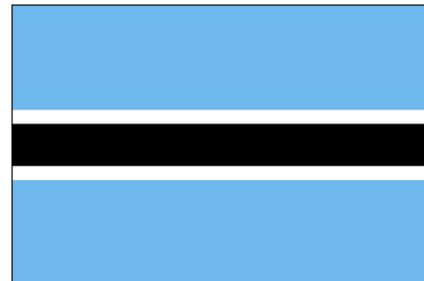
##### **Country Statistics**

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth slowed to 4.7% annually in 2006–2007. Through fiscal discipline and sound management, Botswana has transformed itself from one of the poorest countries in the world to a middle-income country. Diamond mining has fueled much of the expansion and currently accounts for more than one third of the GDP and for 70% to 80% of export earnings. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. The estimated population of Botswana is 2 million people, with an average life expectancy of 62 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 82%, evenly distributed between men and women. The GDP per capita is \$12,000.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at

23.9%. Botswana has approximately 300,000 individuals living with HIV/AIDS. Heterosexual contact is the principal mode of transmission. According to the *2009 AIDS Epidemic Update*, in Botswana, where ART coverage exceeds 80%, the estimated annual number of AIDS-related deaths has declined by more than half—from 15,500 in 2003 to 7,400 in 2007—while the estimated number of children newly orphaned by AIDS has fallen by 40%.



##### **Military Statistics**

The Botswana Defense Force (BDF) is estimated at 10,000 active-duty personnel. The BDF has conducted a seroprevalence study and data are currently being analyzed. Botswana expends 3.4% of the GDP on the military.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

Through the OSC, a DHAPP program manager works in collaboration with DHAPP staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team, and provided technical assistance in developing the BDF COP for FY10. PSI works as an implementing partner with the BDF on prevention activities, and Research Triangle Institute (RTI) provides technical assistance for the seroprevalence and behavioral risk factor study.

### **Foreign Military Financing Assistance**

Botswana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY03 and was released in FY05. To date, funding for the 2003 appropriation has been used to procure a CD4 machine, a chemistry analyzer, a PCR analyzer, an enzyme-linked immunosorbent assay machine, an incubator, rapid test kits, reagents, and laboratory supplies.

## OUTCOMES & IMPACTS

### **Prevention**

In March 2009, DHAPP in partnership with the BDF hosted an *International Military HIV/AIDS Prevention Conference* in Gaborone, Botswana. The objective of the conference was to bring together African military HIV prevention specialists, DHAPP program managers, NGOs, Universities, and multilateral organizations to share best practices in HIV prevention and provide

input regarding future directions and HIV prevention needs. It was very successful and brought together 26 nations and over 250 participants from around the globe.

The OSC, in conjunction with the BDF and PSI, reported reaching 9,832 troops and family members with prevention messages, as well as training 358 peer educators. PSI continued to provide support for peer education programs in the BDF and spread messages on multiple and concurrent partnerships to both the BDF and civilian populations.

The BDF has consulted the National Health Laboratory of Botswana and the Botswana-Harvard Partnership for oversight and direction on procuring additional laboratory equipment. The Botswana-Harvard School of Public Health AIDS Initiative for HIV Research and Education is a collaborative research and training initiative between the Government of the Republic of Botswana and the Harvard AIDS Initiative. Currently, 3 service outlets carry out blood-safety activities. In collaboration with John Snow International, 32 BDF members were trained in injection safety.

Six (6) service outlets provide PMTCT services, and 6 health care workers were trained in the provision of PMTCT services. Through intensive mobilization campaigns, military health services have seen an increase in the number of pregnant women using PMTCT services. Much of this accomplishment is due to the collaboration between the BDF and the Botswanan MOH.

### **Care and Treatment**

CT services are critical to the BDF's program, and 7 outlets offer these services. In August



2009, another milestone was reached for the BDF program with the handover of a CT center at the Sir Seretse Khama Barracks. The center will provide the needed space for soldiers, family members, and civilians to be tested. Strategically chosen, 35 HIV counselors were trained so that all BDF installations have coverage. In FY09, 6,046 individuals were counseled and tested.

The BDF supports 8 service outlets that provide palliative care and ART to its troops, family members, and their civilian neighbors. Twelve (12) individuals were trained in the provision of these services. Thirty-six (36) health care workers were trained in the delivery of ARV services, and 5 individuals were trained in laboratory-related activities. The number of BDF troops receiving palliative care and/or treatment services is classified.

The construction of a laboratory for the BDF in Francistown was completed in 2009. The laboratory will enable BDF personnel to gain experience in doing their lab tests and will help reduce the lead-time—as they will no longer be referring their samples to other labs. The quality of their specimens will also be improved greatly.

### Other

HIV policy training was provided to 2 individuals, 84 were trained in capacity building and 30 individuals were trained in HIV-related community mobilization for prevention, care, and/or treatment. Through the collaborative efforts of DHAPP, the National AIDS Coordinating Agency, and the Institute of Development Management in Botswana, a monitoring and evaluation training course was held for 24 BDF

members. The success of the training will ensure more accurate and timely reports from the BDF as well as assist them in strategic planning for programming.

DHAPP and RTI provided the BDF technical assistance for the seroprevalence and behavioral risk factor study. The study is currently under way.

### Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Support Team. All proposed activities were included in the FY10 COP. Some of these activities include continuing prevention efforts, TB treatment training, building electronic data management infrastructure for ART patients, and continuing the seroprevalence and behavioral risk factor study.





# LESOTHO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Lesotho is 2.1 million people, with an average life expectancy of 40 years. English is the official language of Lesotho, which has an estimated literacy rate of 85%, unevenly distributed between men and women, interestingly with women having higher literacy rates (95%) than men (75%). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. Economic growth slowed in 2009 due mainly to the effects of the global economic crisis. Lesotho's budget relies heavily on customs receipts from the Southern African Customs Union, which declined trade fell. The GDP per capita is \$1,500.

#### **HIV/AIDS Statistics**

AIDS is the number-one killer of the Basotho people, with 23,000 dying each year from the disease. The estimated HIV prevalence rate in the Lesotho general population is 23.2%, resulting in approximately 260,000 individuals living with HIV/AIDS in Lesotho, one of the highest rates in the world. The primary identified risk factor in the population is unprotected heterosexual contact.

#### **Military Statistics**

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho expends 2.6% of the GDP on the military. No HIV prevalence data are currently available for LDF members, but a seroprevalence study is under way.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team and have provided technical assistance in preparing the FY10 COP. In FY09, the in-country program manager oversaw programmatic activities and worked with the implementing partners. PSI began working with the LDF in 2005, with activities focusing on training peer educators among military personnel, prevention programs that emphasized CT and correct and consistent condom use, and training CT counselors. The activities have led to increased demand for CT services among military personnel.

### Foreign Military Financing Assistance

Lesotho was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY06, FY07, FY08, and FY09. FY06 was released for expenditure during FY08, and both FY07 and FY08 were released during FY09. To date, these funds have been used to procure a CD4 machine, a chemistry analyzer, a hematology analyzer, an incubator, an autoclave, a centrifuge, and other supporting laboratory supplies and reagents.

### OUTCOMES & IMPACTS

#### Prevention

The LDF and PSI worked diligently on peer education training during the year, and 145 individuals were trained or retrained. PSI is working toward a train-the-trainer model so that LDF capacity is built and sustainable over time. Peer education sessions reached 3,453 troops. The LDF supported 21 condom service outlets.

The LDF supported 2 outlets providing PMTCT services. During the year, 149 pregnant women were provided with PMTCT services, 16 of whom received a complete course of ARV prophylaxis. Training was provided to 22 health care workers. The follow-up mechanism for infants of mothers who tested HIV positive and received prophylaxis has improved in the last 2 years.

DHAPP conducted a male circumcision study in 2009 among LDF personnel. The study provided information regarding the prevalence of various types of male circumcisions being done in Lesotho, which will assist with service planning for roll out of male circumcision services. The study documented the prevalence of grades of circumcision in LDF participants and compared self-report to physical exam findings. Findings from the study indicated that only 50% of LDF participants self-reporting male circumcision had full male circumcision by exam, suggesting that scale-up estimates modeled using the Lesotho Demographic and Health Survey data may be vastly underestimated.



### Care

Three (3) outlets provided CT services for military personnel. The mobile CT unit went out twice during the year and was able to provide additional CT services to sites outside of the 2 fixed outlets. Four hundred ninety-nine (499) troops or family members were tested for HIV and received their results.

### Treatment

One (1) service outlet provides ART for LDF members and their families. At the end of the year, 430 troops and family members were provided with ART. Thirty-one (31) clients were newly initiated on ART during the year. Three (3) individuals, including 1 physician and 2 nurses, were trained in the delivery of ART services.

Currently, 1 laboratory has the capability to perform HIV testing and CD4 counts. The laboratory will move from its current location to the old site of the ART clinic. FMF funds will be used to procure the new equipment necessary for the lab. One (1) lab technician was trained.

### Other

Two major areas of strategic information are being addressed within the LDF: support the LDF's medical services and a mobile clinic. In particular, an effort is underway to implement an electronic health record system for the LDF. A pilot program will begin shortly, and results from the pilot will be used to determine rollout plans. Planning is underway for an HIV prevalence and behavioral risk survey that should begin in July 2010. The results will be used to tailor prevention programs and to plan clinical services.

### Proposed Future Activities

Continued HIV programming for LDF members was proposed by the Embassy to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY10 COP. Some of these activities include continued prevention efforts, increased CT services, and a seroprevalence study for the LDF.



## MADAGASCAR

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

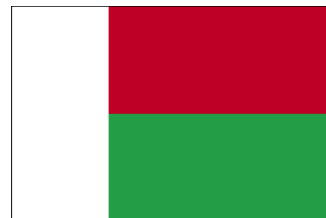
The estimated population of Madagascar is 20 million people, with an average life expectancy of 63 years. English, French, and Malagasy are the official languages of Madagascar, which has an estimated literacy rate of 69%, unevenly distributed between men and women. Agriculture, which includes fishing and forestry, is a mainstay of the economy and accounts for more than one fourth of Madagascar's GDP, and employs 80% of the population. The GDP per capita is \$1,000. Exports of apparel have boomed in recent years primarily due to duty-free access to the United States. Deforestation and erosion, aggravated by the use of firewood as the primary source of fuel, are serious concerns. Poverty reduction and combating corruption will be the centerpieces of economic policy for the next few years. In early 2009, protests over increasing restrictions on opposition press and activities resulted in the President, Marc Ravalomanana, stepping down and the presidency was conferred to the mayor of Antananarivo, Madagascar's capital. Following negotiations in July and August 2009, a power-sharing agreement with a 15-month transitional period was established, but it has not yet been implemented.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Madagascar is estimated at 0.1%, with approximately 14,000 individuals living with HIV/AIDS. Most cases of HIV in Madagascar are spread through multi-partner heterosexual sex.

##### **Military Statistics**

The People's Armed Forces of Madagascar (PAFM) has an estimated 21,000 members. Madagascar allocates 1% of the GDP for military expenditures. No HIV/AIDS prevalence data were available for the PAFM.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

All activities with Madagascar have been suspended due to the current political/military situation.



### Foreign Military Financing Assistance

Madagascar was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2005, 2006, 2007, and 2008, with funding for 2005 and 2006 released for expenditure during FY07 and FY09, respectively. To date, funding for 2005 has been used to procure rapid test kits and other basic equipment, and supplies and reagents needed for HIV infection prevention, diagnosis, and treatment. Remaining awards are on hold.

### OUTCOMES & IMPACTS

All activities with Madagascar have been suspended due to the current political/military situation.



# MALAWI

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Malawi is 15 million people, with an average life expectancy of 50 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 63%, unevenly distributed between men and women. Landlocked Malawi ranks among the world's most densely populated and least developed countries. The economy is predominately agricultural, with about 85% of the population living in rural areas. Agriculture accounts for more than one third of the GDP and 90% of export revenues. In 2009, Malawi experienced some setbacks, including a general shortage of foreign exchange, which has damaged its ability to pay for imports. Investment fell 23% in 2009. The GDP per capita is \$900.



#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in general population of Malawi is 11.9%, with approximately 930,000 individuals living with HIV/AIDS. Most cases of HIV in Malawi are spread through multipartner heterosexual sex. According to the *2009 AIDS Epidemic Update*, surveys confirm in Malawi that HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile.

#### **Military Statistics**

The Malawi Defense Force (MDF) is estimated at approximately 7,000 members. Malawi expends 1.3% of the GDP on the military. A seroprevalence study in the MDF was conducted, but results have not yet been publicly released.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The MDF have established an HIV/AIDS coordinating team made up of MDF personnel. They work directly with Project Concern International (PCI), which provides prevention education and encourages south to south engagement with the Zambian Defense



Forces. Personnel from the US Embassy, particularly the Political Officer and the Military Program Assistant, along with DHAPP staff, coordinate with the MDF and PCI on the program. A grant between DHAPP and PCI was signed in May 2009, so all activities reported in this report only cover the last quarter of FY09.

In 2009, DHAPP was an active member during the development of the PEPFAR Partnership Framework between the US Government and the Government of Malawi, and DHAPP ensured that the MDF's interest were well represented. In alignment with the goals and objectives of the Partnership Framework, DHAPP will continue to assist the MDF strengthen health systems and create sustainability with capacity building. In addition, DHAPP will work with the MDF to increase results from evidence based practices for their programming. Within the PF, there were specific five year goals set, and the MDF was identified as a key partner in sexual transmission reduction, so DHAPP will work with the MDF on comprehensive prevention strategies.

### Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008 and 2009. Received in FY07, the 2005 funding has been employed for a cytometer, digital balance/printer, microscope, centrifuge and tube dry block heater.

## OUTCOMES & IMPACTS

### Prevention

In May 2009, a consensus meeting among representatives from the MDF, PCI and the US Embassy, particularly the Political Officer and the Military Program Assistant was held. Common goals and objectives were discussed during the consensus meeting and the proposed work plan to strengthen leadership, promote information sharing, and build human capacity to expand and support an effective peer education network was reviewed.



A key part of PCI's technical assistance to the MDF is to implement military-specific behavior change strategies leading to HIV prevention with an emphasis on abstinence and being faithful. On the ground and among the troops, the strategies are being taught by unit-based peer educators who have received formal and specific training qualifying them to be resource persons in sensitization and mobilization of their peers. Ideally, the peer educator role reaches beyond merely disseminating information among the military community to the more critical attainment of behavior change resulting in sustained reduction in risk, new infections and overall HIV prevalence.

Having adapted the master trainer curriculum for peer educators, A Training of Trainers (TOT) for Peer Education Workshop was offered by MDF with PCI in September 2009. Twenty-one master trainers participated, including five spiritual leaders, two teachers/youth leaders and four women, for a total of 49 peer educators. The workshop presented critical background information to effective peer education, including issues related to human sexuality, biology of HIV and AIDS, gender-based violence, stigmatization and discrimination, spiritual issues for HIV-affected families and theories of behavior change. Several days of the workshop were dedicated to skills building and specific techniques for incorporating interactive drama/Theatre for Development, True Love Waits abstinence/be faithful sessions, and effective tools used to conduct small group sessions. Most sessions were participatory and interactive, demonstrating for trainers that peer education must create learning opportunities that engage targeted audiences.

PCI and the MDF have had a successful and supportive collaboration with True Love Waits teams based in Lusaka, Zambia and Lilongwe, Malawi. The experienced PCI team from Lusaka, worked with the Zambian Defense Force over several years, traveled to Malawi to facilitate abstinence/be faithful workshop at the leadership training for MDF senior leadership in June. At the conclusion of the session, commanders endorsed the potential of the True Love Waits strategy for effective STI and HIV prevention within the MDF. Twenty-eight (28) officers and senior commanders were oriented to this methodology during the workshop. The scale up of abstinence/be faithful activities will take place during the next reporting

period under the direction of the peer education network.

### **Proposed Future Activities**

Continued HIV programming for MDF members was proposed to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY10 COP. Some of these activities include continued prevention efforts and increased CT services.

## MOZAMBIQUE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Mozambique is 22 million people, with an average life expectancy of 41 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 48%, unevenly distributed between men and women. Mozambique remains dependent on foreign assistance for much of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ the vast majority of the country's work force. A substantial trade imbalance persists, although the opening of an aluminum smelter, the country's largest foreign investment project to date, has increased export earnings. The GDP per capita is \$900.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mozambique's general population is 12.5%. Mozambique has approximately 1.5 million individuals living with HIV/AIDS. The primary identified risk factor in this population is unprotected heterosexual contact.

##### **Military Statistics**

The Mozambique Armed Defense Forces (MADF) is estimated at approximately 11,000 active-duty troops. Mozambique expends 0.8% of the GDP on military expenditures. The military seroprevalence and behavioral risk factor study is ongoing.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The MADF works in collaboration with PSI, the University of Connecticut, and Research Triangle Institute (RTI) International. An in-country program manager from the DAO at the US Embassy oversees the activities of the various partners as well as participates in the PEPFAR Mozambique Country Support Team and various Technical Working Groups on Gender and General Prevention.

##### **Foreign Military Financing Assistance**

Mozambique was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was

appropriated for fiscal years 2003, 2005, 2006, and 2007. Funding for FY03 and FY05 was released for expenditure during FY05 and FY08, respectively. DoD worked with CDC/PEPFAR and implementing partners to have the laboratories renovated prior to DoD using FMF funds to put in new equipment, including small items such as microscopes and centrifuges, and larger pieces of equipment such as hematology and biochemistry machines. The equipment chosen is in line with the National Laboratory plan and over time should be supported through the Mozambique MOH for service and resupply of reagents.

## OUTCOMES & IMPACTS

### Prevention

During FY09, through MADF and PSI efforts, 34,235 individuals were reached with prevention messages. The MADF also provided peer education training for 180 individuals. Supervisors were trained to ensure quality interpersonal communication and ongoing support and training. Abstinence was a focus for younger troops (aged 18–24 years), especially during recruit education, though messages always included

information about the importance of fidelity. Peer educators help ensure access to condoms outside of health facilities as well as information about correct and consistent condom use.

The University of Connecticut team conducted training with 16 peer educators, (both military and civilian), and 3 staff members in the program. “Opções Para a Saúde” is a peer educator-driven, evidence-based *Prevention-with-Positives* (PWP) program aimed at reducing risky sexual behavior among HIV-positive soldiers and civilians who receive HIV care at Maputo Military Day Hospital. In FY 08–09, 112 patients completed multiple counseling sessions with peer educators. The program consists of one-on-one, collaborative, patient-centered discussions between peer educators and patients using motivational interviewing techniques to introduce the topic of safer sex, assess patients’ risk behaviors, identify their specific barriers to the consistent practice of safer behaviors, elicit strategies from the patients for overcoming these barriers, and negotiate individually tailored risk-reduction goals, or plans of action, that the patients will work on between clinic visits. These discussions of HIV risk reduction are individually tailored for each patient based on the patient’s risk assessment, risk reduction needs, and readiness to change his/her risk behavior.

### Care

In the 8 CT sites, services are offered to the military and their families and also civilians. During FY09, 751 troops received CT services as well as 8,653 civilians from the surrounding areas. One of the challenges of CT is reaching the partners of troops as well as increasing the demand for testing among the troops. Brigade-based testing or promotions may be more effective in promoting CT among the military,





so this concept is being explored. MADF members and their dependents can receive care and treatment for HIV/AIDS at military facilities, which are funded through PEPFAR.

### Other

RTI and DHAPP continued to assist the MADF with its seroprevalence and behavioral risk factor study. Completion is expected in 2010.

### Proposed Future Activities

The proposed activities were submitted by the Embassy to the PEPFAR Mozambique Country Support Team, and were included in the FY10 PEPFAR COP. PWP programs, and follow-on activities to the seroprevalence study, are highlighted proposed targets.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

Namibia's estimated population is 2 million people, with an average life expectancy of 51 years. English is the official language of Namibia, which has an estimated literacy rate of 85%, evenly distributed between men and women. The economy is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 20% of the GDP. Rich alluvial diamond deposits make Namibia a primary source for gem-quality diamonds. Increased payments from the Southern African Customs Union (SACU) put Namibia's budget into surplus in 2007 for the first time since independence, but SACU's receipts declined in 2009 due to the global economic crisis. Currently, the GDP per capita is \$6,400.

**HIV/AIDS Statistics**

The HIV prevalence rate in Namibia's general population is estimated at 15.3%. Namibia has approximately 200,000

individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact.

**Military Statistics**

The Namibian Defense Force (NDF) is estimated at approximately 15,000 troops. Namibia expends 3.7% of the GDP on military expenditures. There are no official figures for HIV prevalence in the NDF.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The DoD HIV/AIDS Program Office was established in October 2006, and is staffed by a project manager and a project coordinator who are both Namibian nationals. Their main task is to oversee the management of the DoD HIV/AIDS Program in Namibia. The program manager oversees the various partners who work with the NDF, which includes PSI and the University of Washington International Training and Education Center for HIV (I-TECH). The project manager and coordinator conducted site visits at 12 military bases throughout the country to monitor the implementation of the Military Action and Prevention Programme (MAPP) at the base level.



DHAPP staff members provided technical assistance to the NDF during in-country Country Support Team visits. The purpose of each trip included review, assistance, and preparation of the PEPFAR COP for FY10, as well as military-specific planning and technical assistance to the NDF and US Embassy personnel. DHAPP staff members represent the NDF as members of the PEPFAR Country Support Team, and are involved in every level of country planning, ensuring that NDF programs are adequately addressed.

## OUTCOMES & IMPACTS

### **Prevention**

MAPP reached 5,976 soldiers and family members with comprehensive prevention messages throughout the year, and 8,413 soldiers with abstinence and/or being faithful messages at military bases across the country. The soldiers were reached during edutainment sessions and evening gatherings organized at different bases countrywide by the Social Marketing Association (SMA) workplace officers in collaboration with the HIV/AIDS coordinators at the bases/camps. Interactive discussions, dramas, role plays, and video shows were used during these sessions.

Included in these figures are the participants from the SMA-led “officer only” prevention sessions during the year, which consisted of 4 sessions throughout the country. The sessions were conducted in order to increase levels of participation in HIV/AIDS programs among high-ranking military officials. Typically, topics discussed included HIV/AIDS basic facts, abstinence and/or being faithful messages, correct and consistent condom use, CT, and STIs.

Peer educators are the backbone of the Peer Education Plus Program (PEPP) intervention and critical to the success of the NDF program. A total of 205 NDF personnel were trained in different HIV/AIDS topics. Twenty-seven (27) NDF members were educated as Trainers of Trainers to provide necessary instruction to soldiers to ensure sustainability of HIV/AIDS programs at the level of the bases. One hundred and seventy-eight (178) peer educators were selected, trained, and retrained to facilitate peer education that deals with sessions on abstinence and/or being faithful with their peers. They are sufficiently equipped to implement other related interventions within the bases. One hundred and five (105) sessions were conducted since the introduction of PEPP, and 1,106 NDF members were reached with peer sessions on abstinence and/or being faithful messages (included in the total figure of 8,413).

During the reporting period, a total of 496,021 condoms were distributed to 23 military bases through the MOD/NDF distribution sites and through SMA regional officers to the HIV unit coordinators and peer educators.

Forty-six (46) base/unit commanding officers were introduced to PEPP. Advocacy interventions were introduced to get the senior officers more involved in the program by showing what benefits the base/unit would be gain from the program interventions. With the intensified technical support from the SMA and collaboration of the Directorate of Military Health Services/MOD, there was a good participation level from individual base/unit commanders in the program.

The popular military-focused prevention films *Remember Eliphaz* 1 and 2, which addressing



CT, stigma, and discrimination, continue to be used as prevention tools.

## Care

Two (2) military palliative care sites were supported through training of military health care workers during FY09, including the palliative care site at Oshakati and the Fountain of Hope clinic (HIV care and treatment site) at the Grootfontein military hospital. Training topics for eight military participants included tuberculosis, alcohol screening, and palliative care. Additionally, 21 military participants also participated in medicine-adherence counseling, and nutrition trainings, which contain significant palliative care content. Additional support was provided to the Fountain of Hope Clinic in the form of a starter stock of supplies and regular clinical mentoring visits.



A total of 111 clients received palliative care treatment at the Fountain of Hope Clinic. Of these 111 clients, 56 received cotrimoxazole in FY09. Cases of TB, STIs, and other OIs were also treated. Data on number of individuals provided with HIV-related palliative care were not available from the other sites.

In FY09, technical assistance concentrated on supporting palliative care services at the new Fountain of Hope Clinic. Assistance to home based care programs and other sick bays was limited. In FY09, I-TECH assisted the MOD/NDF in strengthening home-based care services and rolling out pre-ARV and other palliative care services at additional sick bays. In addition, assistance was provided to strengthen quality assurance, data collection, and monitoring of these services. These activities will be accelerated through pairing a nurse mentor with an MOD/NDF nurse who could be trained as a trainer and supervisor.

The MOD/NDF was assisted in rolling out 2 additional sites at the Rundu base and at the Fountain of Hope HIV care and treatment site. I-TECH assisted the 2 sites in establishing services and achieving Namibia Institute of Pathology certification for the roll out of HIV rapid testing services. To increase the military's accessibility to services in Rundu, SMA—in consultation with MOD/NDF—closed the CT site in town in May 2008 and supported the MOD/NDF to transfer the Rundu site to a location on the military base in July 2009. In addition, the Walvis Bay Naval Base piloted the military's first CT outreach to a nearby base, bringing the total number of service outlets to 5. In order to support expanded CT services and enable the MOD/NDF to provide CT services in accordance with Ministry of Health and Social Services (MoHSS) national guidelines, 22 military staff were trained in CT topics. Additional training topics included HIV rapid testing, HIV counseling, couples-counseling, and multiple and concurrent partnerships.

The number of individuals who received CT for HIV and received their test results increased by 31% from FY08 to FY09 (814 and 1,068, respectively), with Grootfontein showing an increase of 41% and Walvis Bay 49%. I-TECH

supported the MOD/NDF in identifying promotion strategies for increasing the uptake of CT services. National HIV Testing Day proved to be a strong promotion strategy for the military. One (1) CT site engaged base leadership to endorse a contest among units for the greatest percentage of staff tested, and a second CT site conducted CT outreach to a nearby base. Despite the increase, the number of clients tested in FY09 fell short of the targeted 4,000 individuals. The number of clients tested was heavily influenced by a delayed roll-out of new sites and outreach services. In order to increase access to MOD/NDF staff to military CT services, it is paramount that CT services are available at an increased number of military bases.

To assist the MOD/NDF in strengthening services and continuing to implement the CT program according to MoHSS national CT guidelines, 7 quarterly support visits were conducted by a counselor and a laboratory technologist. These visits encouraged a shift to an ongoing process of internal quality assurance by building the site managers' skills to include regularly observing and coaching staff. The visits further emphasized the importance of role plays to reinforce the counseling quality. During support visits, staff also identified the need for refresher training, as well as responded to sites' needs for on-the-job training in topics such as stock management, conducting rapid test quality controls, and generating monthly reports.

Due to the late launch of the Rundu site and delays in clearance for assessment and roll out of 2 potential new sites, fewer military personnel were reached with testing services than planned. To address these issues, I-TECH will work with the military to

consolidate trainings and create a set package of assistance that can be easily disseminated. More emphasis should be given to integrating CT into military sick bays staffed by registered nurses. Planned outreach CT services to surrounding bases were also delayed in FY09. To address delays, these outreach services can be regularly conducted in accordance with a set schedule and protocol.

A missed opportunity has been maximizing the potential of the military's peer education network as a referral network for CT services. To address this gap, "tours" of the CT sites will be conducted for peer educators to familiarize them with the counseling process and facilitate future referrals. To further address this gap, selected peer educators were trained in CT.



The first military laboratory with capacity to perform HIV, CD4, and other HIV-related tests was launched on 30 March 2009 and services started in July 2009. Facility renovation was completed, and equipment, furniture, and a starter stock of supplies were procured. Delivery of 3 analyzers (hematology, chemistry and CD4), reagents, and other equipment and supplies were procured in collaboration with supply change management systems. Additional supplies for the laboratory facility were also procured during the reporting period. The laboratory was enrolled in an external quality

assurance program, a key step toward laboratory accreditation. Three (3) laboratory personnel were trained on the operation and maintenance of the analyzers, as well as laboratory logistics and laboratory quality assurance. Initial targets included training nurses from other military bases in specimen collection, storage, and transport. This activity was postponed until FY10.

A total of 814 tests were performed at the laboratory; this number was lower than anticipated due to the delayed opening of the laboratory. A paper-based laboratory information system was piloted that will define the selection criteria for the electronic system that will be selected in the next reporting period.

### Other

A total of 44 military commanders and HIV coordinators participated in HIV-related stigma and discrimination reduction training in FY09. One (1) military physician was sponsored to participate in DHAPP's *International Military HIV/AIDS Prevention Conference* in Gaborone, Botswana. Plans to sponsor additional military staff to participate in a study tour of military HIV programs were postponed to FY10.

### Proposed Future Activities

Ongoing successful NDF and partner programming was expanded to include additional aspects of comprehensive prevention, male circumcision, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Namibia Country Support Team, and were included in the FY10 COP.



## SOUTH AFRICA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

South Africa's estimated population is 49 million people, with an average life expectancy of 49 years. Many languages are spoken in South Africa. The 3 most-common are isiZulu, isiXhosa, and Afrikaans, with an estimated literacy rate of 86% that is evenly distributed between men and women. South Africa is a middle-income, emerging market, with an abundant supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is the 17th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers throughout the region. Growth was robust from 2004 to 2008 as South Africa reaped the benefits of macroeconomic stability and a global commodities boom, but began to slow in the second half of 2008 due to the global financial crisis's impact on commodity prices and demand. The GDP fell nearly 2% in 2009. Unemployment remains high, and an outdated infrastructure has constrained growth. The GDP per capita is \$10,000.

##### **HIV/AIDS Statistics**

The 18.1% HIV/AIDS prevalence rate in South Africa in the general population is one of the highest in the world. South Africa is home to the world's largest population of individuals living with HIV with approximately 5.7 million people, including 280,000 children. According to the *2009 UNAIDS Epidemic Update*, the national adult HIV prevalence in South Africa has stabilized, and the prevalence among young people (aged 15–24 years) started to decline in 2005. Heterosexual contact is the principal mode of transmission.



##### **Military Statistics**

The South African National Defense Force (SANDF) is estimated at approximately 73,000 active-duty members. The prevalence of HIV in the SANDF is unknown. South Africa expends 1.7% of the GDP on military expenditures.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the OSC at the US Embassy, and DHAPP. An in-country program team that works under the OSC manages the day-to-day program operations. DHAPP staff members provided technical assistance to the SANDF during in-country visits.

## OUTCOMES & IMPACTS

### **Prevention**

During FY09, the SANDF reported continued outstanding results across prevention, care, and treatment targets. During the year, 1,391 military members and their families were reached with prevention messages that focused on abstinence and/or being faithful. The majority of military members reached each year are new recruits who are HIV negative upon entry into the military. Therefore, the prevention program focuses on values, ethics, and spirituality. Twenty (20) chaplains were trained in the provision of these messages, and they are primarily responsible for the abstinence and/or being faithful program. The program is known as Combating HIV and AIDS Through Spiritual and Ethical Conduct or CHATSEC. The chaplains reach groups of 20–25 military members over a 3-day program. In addition, 1,016 military personnel were reached with comprehensive prevention messages that go beyond abstinence and/or being faithful, and 63 individuals were trained to provide those messages. The SANDF supported 115 targeted condom service outlets. Included in sexual prevention messages were gender issues, addressing male norms and substance abuse. The SANDF worked closely with the

national Department of Health to strengthen gender programming within all HIV/AIDS program areas. A number of men's health projects were conducted in this reporting period addressing sexual gender-based violence.

There are 3 military service outlets for the SANDF. No reporting data were available for PMTCT services. HIV-positive mothers are offered CT services at entry and repeat testing at 36 weeks. Dual therapy is provided and mothers are supported with infant feeding options. Infants are tested at 6 weeks and referred when necessary to pediatric care sites.

### **Care**

One hundred five (105) service outlets provided HIV-related palliative care to military members and their families. During the year, 1,376 SANDF members and family members were provided with HIV-related palliative care. Of these, 83 were provided with preventive therapy for TB.

During FY09, data on the number of people counseled and tested were unavailable. However, 34 military members were trained in the provision of CT services.



### Treatment

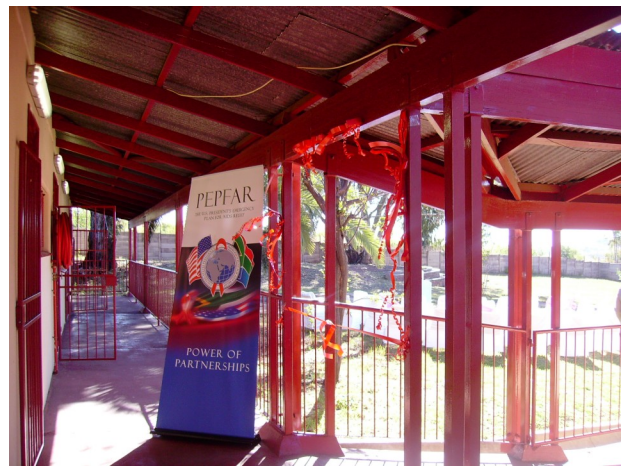
Five (5) service outlets provide ART to the SANDF. In FY09, 115 patients were newly initiated on ART, and at the end of the reporting period, there were 950 current patients on ART. One hundred fifteen (115) health workers were trained in the delivery of ART services, in accordance with national standards.

### Other

Twenty-five (25) SANDF members were trained in strategic information during the reporting period. Two 5-day strategic information work sessions were conducted. Members of the HIV/AIDS management team from all 9 provinces attended these work sessions.

### Proposed Future Activities

Ongoing successful SANDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the South Africa Country Support Team and were included in the FY10 COP.



## SWAZILAND

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Swaziland is 1.3 million people, with an average life expectancy of 48 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 82%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture occupies more than 80% of the population. Sugar and wood pulp remain important foreign exchange earners. In 2007, the sugar industry increased efficiency and diversification efforts. The GDP per capita is \$4,400.

##### **HIV/AIDS Statistics**

Swaziland has the world's highest known rates of HIV/AIDS infection. The estimated HIV prevalence rate in the Swaziland general population is 26.1%, resulting in approximately 190,000 individuals living with HIV/AIDS. According to the *2009 AIDS Epidemic Update*, in Swaziland, transmission during heterosexual contact (including sex within stable couples, casual sex, and sex work) is estimated to account for 94% of incidence infections.

##### **Military Statistics**

The Umbutfo Swaziland Defense Force (USDF) is estimated at 3,500 members. Swaziland expends 4.7% of the GDP on military expenditures. No HIV prevalence data are currently available for USDF members, but a seroprevalence study is planned.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The USDF has developed an ongoing prevention and care program for its military members and their families in collaboration with DHAPP and other partners. DHAPP staff are active members of the PEPFAR Swaziland Country Support Team and have provided technical assistance in creating the FY10 COP. In early FY09, an in-country program manager was hired to manage all programmatic activities.

##### **Foreign Military Financing Assistance**

Swaziland was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of



HIV/AIDS. This award was appropriated for fiscal years 2003 and 2005–2009. Funding for 2003 and 2005 was released for expenditure in FY07, and funding for 2006 and 2007 was released in FY09 and FY10, respectively. To date, the funds have been used to train and assess the laboratory capabilities to assist in appropriate procurement, in addition to procurement of biosafety cabinets and laboratory consumables in support of the diagnosis and treatment of HIV/AIDS.

## OUTCOMES & IMPACTS

### Prevention

During FY09, 7,220 soldiers and their families were reached with comprehensive prevention messages. One method of delivering these messages was through Information, Education, and Communication materials adapted to the military. One hundred thirty-six (136) peer educators were trained in the provision of these messages.



The USDF supported 100 condom service outlets and distributed 224,730 condoms.

### Care and Treatment

One (1) service outlet provided HIV-related palliative care services to USDF personnel and their families. Called Phocweni Clinic, it provides clinical prophylaxis for OIs and provides treatment for TB once the client has been diagnosed at the government hospital. With the upgrading of the Phocweni laboratory and x-ray departments, clients are diagnosed by USDF medical personnel, which reduces delays in treatment. During the fiscal year, 375 military personnel were provided with HIV-related palliative care. DHAPP staff continued to provide technical assistance to the USDF for the establishment of palliative care at St. George's Barracks. This will increase palliative care services to the USDF and their families. In addition, USDF Chaplains were trained on palliative care services, specifically emotional and spiritual support, by the South African National Defense Force Chaplains.

Two (2) outlets provided CT services for military personnel. During the year, 1,896 military members and their families were tested for HIV and received their results. The USDF has 1 service outlet that provides ART to the troops and their families. At the end the reporting period, 206 individuals were on ART. Two (2) USDF clinicians were trained in provision of ART services. Two (2) lab technicians were trained in the provision of lab-related activities for the USDF. Additional lab equipment was procured for the Phocweni Clinic with FMF funding.

### Other

During FY09, 3 individuals were trained in strategic information. The prevalence and behavioral survey for the USDF began in 2009 and completion is expected in 2010.

### Proposed Future Activities

Continued comprehensive HIV programming for USDF members and their families was proposed by the Embassy to the PEPFAR Swaziland Country Support Team. All proposed activities were included in the FY10 COP. Some of these activities include continued prevention efforts, increased CT services, completion of a prevalence study with USDF, and completion of an HIV/AIDS policy.





## ZAMBIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Zambia's estimated population is 12 million people, with an average life expectancy of 39 years. English is the official language of Zambia, which has an estimated literacy rate of 81%, somewhat unevenly distributed between men and women. Zambia's economy has experienced modest growth in recent years, with significant GDP growth in 2005–2007 between 5% and 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and the opening of new mines. The GDP per capita is \$1,500. Although poverty continues to be a significant problem in Zambia, its economy has strengthened, featuring single-digit inflation, a relatively stable currency, decreasing interest rates, and increasing levels of trade. Unfortunately, the decline in world commodity prices and demand hurt GDP growth in 2009, but a sharp rebound in copper prices and a bumper maize crop have helped Zambia begin to recover.

#### **HIV/AIDS Statistics**

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The estimated prevalence rate in the general population is 15.2%, with

approximately 1,100,000 individuals living with HIV/AIDS. Heterosexual contact is the principal mode of transmission. According to the *2009 UNAIDS Epidemic Update*, a significant drop in HIV incidence was noted among women in Zambia between 2002 and 2007.

#### **Military Statistics**

The Zambian National Defense Force (ZDF) is estimated at approximately 22,000 members. Zambia expends 1.8% of the GDP on the military.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO at the US Embassy, Project Concern International (PCI), Jhpiego (a Johns Hopkins University affiliate), and DHAPP. In-country program team members from the DAO coordinate and manage the various program partners and activities.

Throughout FY09, 5 bilateral exchange visits to Zambia by US military clinicians occurred, with technical assistance provided to the ZDF. In addition, DHAPP staff members provided technical assistance to the ZDF during in-country Country Support Team visits. The purpose of each visit

included review and preparation of the PEPFAR COP for FY10, monitoring and evaluation of existing programs, and implementation. Visits also addressed military-specific planning and technical assistance to the ZDF in the areas of palliative care, CT of HIV-infected patients, pediatrics, and *Prevention with Positives* (PwP). A DHAPP staff member represents the ZDF as a member of the PEPFAR Country Support Team, and has been involved in every level of country planning, ensuring the success of the ZDF HIV program.

### Foreign Military Financing Assistance

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005. Received in FY05, the 2003 funding was executed for incubators, refrigerators, HIV test kits, and other supporting supplies/reagents. Received in FY08, the 2005 funding has been partially employed for IDI laboratory training.

## OUTCOMES & IMPACTS

### Prevention

During FY09, the ZDF, in coordination with PCI and Jhpiego, continued to report successful results across all areas in HIV prevention, care, and treatment. The total number of individuals reached with community HIV/AIDS outreach programs was 56,640; of this total, 26,104 were abstinence and/or being faithful messages. Nearly one third of the individuals reached were children from the ZDF schools where PCI is supporting HIV prevention activities through the anti-AIDS youth clubs. One

hundred thirty-five (135) individuals were trained to communicate abstinence and/or being faithful (AB) messages; these include multiple anti-AIDS youth clubs drawn from 45 ZDF schools and military chaplains and their spouses. The anti-AIDS youth clubs were equipped with skills to communicate age-specific messages that encourage young people to avoid contracting HIV by abstaining from sex until marriage. Stationery and HIV/AIDS education materials, which promote abstinence until marriage for youths, were distributed in 45 ZDF schools. Military chaplains and their spouses were also trained to communicate AB messages through a subgrant to the Baptist Fellowship of Zambia (BFZ). A resource center for military chaplains has been established by BFZ in Lusaka, with education materials, including books, videos, and DVDs focusing on HIV/AIDS, spiritual counseling, marital guidance, and sexuality.

A total of 30,536 individuals were reached with comprehensive prevention messages that go beyond AB messages. The ZDF drama group performed in military camps in most of the Zambian provinces, and 39 peer educators were trained for the drama group. The theme of the play was promoting CT for couples and ART services. A video titled *Never Say Die* was





produced by the drama group in collaboration with Loyola Studios. Peer educators used the video to sensitize their colleagues to the benefits of knowing one's HIV status. PCI supported an HIV sensitization tour of ZDF camps by a team of HIV-positive ZDF personnel. The team was also involved in an HIV-related stigma reduction campaign and formation of support groups for individuals living with HIV/AIDS in the military camps. Defense Force Medical Services (DFMS) conducted predeployment HIV/AIDS sensitization sessions at a military camp. Information, education, and communication materials, which include posters and pamphlets, were reprinted and distributed during the tour of ZDF camps by the drama group and the mobile CT team. Fifty-five (55) targeted condom service outlets were supported for the ZDF. In addition, an assessment for the provision of male circumcision (MC) services at 2 ZDF facilities was completed, and MC skills training for 8 health care providers in the ZDF was conducted by the end of October 2009.

Working with DFMS, Jhpiego continued its support for infection prevention and injection safety (IP/IS) programs at more DFMS sites. Follow-up visits to 14 sites showed improvements in IP practices, with all sites achieving a greater number of standards. IP/IS commodities (waste receptacles, personal protective equipment, disinfectants, and antiseptics) were provided to multiple sites to couple the commodities needed with training received by service providers. A total of 252 service providers received training in cross-cutting IP/IS practices.

During FY09, 1,660 women were provided with PMTCT services at 22 PMTCT sites.

These services included CT, and linkages to care and treatment. Of the women tested at the PMTCT sites, 74 were provided with a complete course of ARV prophylaxis. One hundred five (105) military health care workers were trained in the provision of PMTCT services.

### Care

Fifty-four (54) service outlets provided HIV-related palliative care to military members, their families, and civilians living in the surrounding areas. During FY09, 1,946 clients were provided with HIV-related palliative care, and another 133 individuals were trained in the provision of that care.

Home-based care (HBC) was provided to 1,946 clients in palliative care services during the reporting period. The number of HBC clients has been steadily declining largely because of the increase in the number of people accessing ART. Many HBC clients have dropped from the program because their health has improved. Equally, there are few new clients being enrolled in HBC. Eighty-two (82) individuals were trained in palliative care for HBC. The figure includes HBC volunteers and military chaplains and their spouses. ZDF master trainers, who attended a palliative train-the-trainer course facilitated by the Palliative Care Association of Zambia, conducted training. Caregivers were provided with equipment and other logistical supplies, such as bicycles, shoes, umbrellas, aprons, bags, and palliative care kits. Food supplements (high-energy protein supplements and Enriched Nutritious Sandwich Biscuits) were procured and supplied to malnourished clients with a body mass index of less than 18.5. Palliative care kits were also procured for HBC clients.

A PwP train-the-trainer workshop was conducted for 20 individuals drawn from 10

ZDF support groups. The training was conducted by ZDF trainers, who were trained by a team from the Naval Medical Center San Diego and DHAPP. Topics covered included medical aspects of HI/AIDS, pharmacology for HIV, sexual health, well-being and social aspects, delivering HIV prevention messages, nutrition for individuals living with HIV/AIDS, substance use and HIV, and challenges in changing behavior. The trainees were provided with training materials (flip chart stands, flip charts, markers, writing pads, staplers, staples, pens, and bond paper) to support the training of other support group members.

The ZDF supports services for OVC in 10 surrounding communities throughout Zambia. In FY09, 2,779 OVC benefited from the program. The services provided include recreation, psychosocial support, HIV/AIDS information, and seed maize for food security. A total of 623 OVC received seed maize and had good yields.

Fifty-five (55) CT centers provided services for the ZDF. During FY09, a total of 15,829 troops and family members were tested for HIV and received their results. Forty-two (42) military members were trained in the provision of CT services. The mobile CT team provided services to 7,545 clients at 35 ZDF units throughout the country, which is 48% of the total tested through the ZDF program. The remaining clients were counseled and tested at the permanent CT centers. In FY06 (prior to the launch of the mobile CT unit in FY07), only 2,302 individuals were tested at permanent CT centers. Much of this increase can be attributed to an uptake of CT services from permanent CT centers, a clear indication of a reduction in HIV-related stigma and discrimination. The overall high number of people testing can also be attributed to the availability of other support services, i.e. ART and HBC. In addition, the camp commanders have shown great leadership by being the first to be tested at a number of mobile CT outlets.



### Treatment

The ZDF has 12 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. During the reporting period, 6 construction projects for CT centers and TB wards were completed and fully furnished and are now operational in several provinces. In FY09, 64 patients were newly initiated on ART, and at the end of the reporting period, 3,203 patients were currently receiving ART. One hundred sixty-nine (169) health workers were trained in the delivery of ART services, in accordance with national standards.

### Other

Four (4) 3-day monitoring and evaluation (M&E) refresher workshops were conducted for 102 individuals including unit HIV/AIDS coordinators and Ward masters drawn from all the 54 ZDF camps by PCI. Three (3) program officers from the 3 ZDF services (Army, Air Force, and National Service) and 3 central-level DFMS staff also attended the workshop, for a total of 108 participants. The objective of these workshops was to build the capacity of ZDF to effectively monitor, supervise, and report on all HIV/AIDS-related activities in their respective units. The M&E manager for DFMS took the participants through all the data collection tools and discussed the reporting system. The Monthly HIV/AIDS Activity Report Form was revised to include all indicators being reported on by the National AIDS Council.

Two 3-day workshops on leadership for HIV/AIDS were conducted for 57 commanding officers drawn from 52 out of the 54 ZDF camps by PCI. Commanding officers had an opportunity to discuss and reflect on HIV/AIDS activities in their camps. Commanding

officers were urged to refocus on HIV prevention through presentations on MC, alcohol and HIV, CT, and multiple concurrent sexual partners. Feedback from the unit HIV/AIDS coordinators indicates that the workshop had a positive impact on the top leadership. There is a renewed interest in HIV/AIDS prevention, care and support activities by the command.

With assistance from Jhpiego, the Defense School of Health Services, which has been in development for quite some time, started training medical assistants. During FY09, 136 medical assistants were trained in ART, and at the request of the Zambia National Service, the school commenced training for an additional 60 medical assistants. Once completed, this training will address the human resources gap that exists in these military health facilities.

### Proposed Future Activities

All proposed activities from PCI and Jhpiego on behalf of the ZDF were submitted by the Embassy to the Zambia Country Support Team and included in the FY10 COP.



## ZIMBABWE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Zimbabwe is 11.4 million people, with an average life expectancy of 46 years. English is the official language of Zimbabwe, which has an estimated literacy rate of 95%, with even distribution between men and women. The GDP per capita has dropped to an estimated \$200, but, with hyperinflation of historic proportions and an unemployment rate of 80%, this estimate is likely elevated.

Until early 2009, the Reserve Bank of Zimbabwe routinely printed money to fund the budget deficit, causing hyperinflation. The power-sharing government formed in February 2009 has led to some economic improvements, including the cessation of hyperinflation by eliminating the use of the Zimbabwe dollar and removing price controls. The economy is registering its first growth in a decade, but will be reliant on further political improvement for greater growth. Difficult negotiations over a power-sharing agreement, which allowed President Robert Mugabe (in office since 1987) to remain as president and created the new position of prime minister for Morgan Tsvangirai, were finally settled in February 2009.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Zimbabwe is estimated at 15.3%, with approximately 1.3 million individuals living with HIV/AIDS. Most HIV cases in Zimbabwe are spread through heterosexual contact. Zimbabwe has experienced a steady fall in HIV prevalence since the late 1990s; studies have linked this decline with population-level changes in sexual behaviors.

##### **Military Statistics**

The Zimbabwe Defense Forces (ZDF) is estimated at approximately 40,000 members. Zimbabwe allocates 3.8% of the GDP for military expenditures. No HIV prevalence data are available for the ZDF.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP did not provide funding in FY09 to the ZDF because of the current political situation in Zimbabwe.

##### **Proposed Future Activities**

There are no proposed future activities.



# West Africa Region

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Benin is a West African country with an estimated population of 8.8 million people and an average life expectancy of 59 years. French is the official language of Benin, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The GDP per capita is \$1,500. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output has averaged around 5% in the past 7 years, but rapid population growth has offset much of this increase. Inflation has subsided over the past several years. In order to raise growth still further, Benin plans to attract more foreign investment, place more emphasis on tourism, facilitate the development of new food processing systems and agricultural products, and encourage new information and communication technology. An insufficient electrical supply continues to adversely affect Benin's economic growth, although the government recently has taken steps to increase domestic power production.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Benin is estimated at 1.2%,

with approximately 59,000 individuals living with HIV/AIDS. Most cases of HIV in Benin are spread through multi-partner heterosexual sex and mother-to-child transmission. A more than 12-fold variation in HIV prevalence among pregnant women (ranging from 0.4% to 3.8%) has been documented in Benin. More than one in four (25.5%) sex workers surveyed in Benin in 2006 were HIV positive.

#### **Military Statistics**

The Benin Armed Forces (BAF) is composed of approximately 10,000 members, with a prevalence of 2%, according to a prevalence study conducted in 2005. Benin allocates 1.7% of the GDP for military expenditures. The BAF frequently supports PKOs in Côte d'Ivoire and the Democratic Republic of the Congo.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

In FY09, DHAPP hired a regional program manager in Ghana who supports programs in Ghana, Togo, and Benin. The program manager works for the US OSC in Accra, Ghana, and will work in collaboration with the US Embassy in Cotonou and the BAF.

### **Foreign Military Financing Assistance**

Benin was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY09 but has yet to be released.

## OUTCOMES & IMPACTS

DHAPP staff conducted a site visit in August 2009. Discussions regarding future activities were held between DHAPP staff, US Embassy in Cotonou, and the BAF. The regional program manager in Ghana worked with the BAF to develop a proposal for DHAPP FY10 funds.

### **Proposed Future Activities**

The BAF has submitted a proposal to DHAPP to continue its HIV/AIDS program. Some proposed activities include a behavioral and seroprevalence study, renovation of a second CT center in Parakou, an increase in PMTCT services, and additional laboratory training for medical personnel.

## BURKINA FASO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Burkina Faso is 16 million people, with an average life expectancy of 53 years. French is the official language of Burkina Faso, which has an estimated literacy rate of 22%, unevenly distributed between men and women. One of the poorest countries in the world, landlocked Burkina Faso has few natural resources and a weak industrial base. About 90% of the population is engaged in subsistence agriculture, which is vulnerable to periodic drought. Cotton is the main cash crop, and the government has joined with 3 other cotton-producing countries in the region (Mali, Niger, and Chad) to lobby in the World Trade Organization for fewer subsidies to producers in other competing countries. Burkina Faso's high population density and limited natural resources result in poor economic prospects for the majority of its citizens. Recent unrest in Cote d'Ivoire and northern Ghana has hindered the ability of several hundred thousand seasonal Burkinabe farm workers to find employment in neighboring countries. The GDP per capita is \$1,200.

##### **HIV/AIDS Statistics**

An estimated 130,000 individuals are living with HIV/AIDS, and the current prevalence rate is 1.6%. Heterosexual contact is the primary mode of transmission. According to the *2009 AIDS Epidemic Update*, declines in HIV prevalence among antenatal clinic attendees have been documented in Burkina Faso.



##### **Military Statistics**

The Armed Forces of Burkina Faso (AFBF) is estimated at approximately 15,000 active-duty troops. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP and the OSC at the US Embassy in Ouagadougou are collaborating with the AFBF. In FY09, 2 implementing partners, Africare and PROMACOPROMACO, began collaborating with the AFBF.

### **Proposed Future Activities**

Program activities for both Africare and PROMACO will begin in FY10.

## OUTCOMES & IMPACT

In June 2009, grants were awarded to Africare and PROMACO to work with the AFBF, so the remainder of FY09 was spent planning the initiation of the programs. Both NGOs work side-by-side to assist the AFBF. Africare will be provided CT services and will conduct a KAP survey, while PROMACO will provide prevention programming for the AFBF.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The Côte d'Ivoire population is estimated at 21 million people, with an average life expectancy of 55 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 49%, unevenly distributed between men and women. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil. Despite government attempts to diversify the economy, it is still heavily dependent on agriculture and related activities, engaging roughly 68% of the population. Since the end of the civil war in 2003, political turmoil has continued to damage the economy, resulting in the loss of foreign investment and slow economic growth. The GDP grew by 1.8% in 2006, 1.7% in 2007, and 2.5% in 2008. Per capita income has declined by 15% since 1999. The GDP per capita is \$1,700.

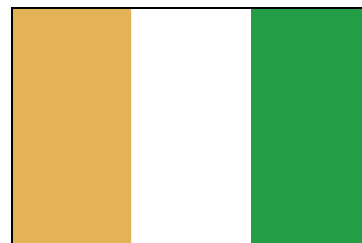
#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Côte d'Ivoire's general population is 3.9%. Côte d'Ivoire has approximately 480,000 individuals living with HIV/AIDS. Although HIV prevalence in West and Central Africa is much

lower than in southern Africa, the subregion is home to several serious national epidemics. While adult HIV prevalence is below 1% in 3 West African countries (Cape Verde, Niger, and Senegal), nearly 1 in 25 adults in Côte d'Ivoire is living with HIV. According to *the 2009 AIDS Epidemic Update*, adult HIV prevalence in Côte d'Ivoire is more than twice as high as in Liberia or Guinea, even though these West African countries share national borders.

#### **Military Statistics**

The size of the Côte d'Ivoire Defense and Security Forces (CIDSF) is approximately 20,000 members. Côte d'Ivoire does not perform forcewide HIV testing, so the prevalence rate is unknown. The Côte d'Ivoire government expends 1.6% of the GDP on military expenditures.





## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff have maintained active roles as members of the Côte d'Ivoire Country Support Team for the OGAC. In these roles, DHAPP staff members have provided technical assistance to the in-country team in their country operational planning process for funding under PEPFAR in Côte d'Ivoire. The US DAO has also been working with DHAPP and the CIDSF on proposed activities. In August 2009, an in-country program manager was hired to manage DoD activities in Côte d'Ivoire.

## OUTCOMES & IMPACTS

During FY09, bilateral military programs for HIV prevention in the CIDSF continued to be supported by CDC funding through PEPFAR and using an implementing partner, PSI. For FY09-10, funding has been allocated for DoD to support the CIDSF directly. In August 2009, an in-country program manager was hired to manage DoD activities in Côte d'Ivoire.

### Proposed Future Activities

DHAPP staff have been active members of the Côte d'Ivoire Country Support Team for the OGAC and were successful in securing PEPFAR funding for several activities with the CIDSF. Some of the planned activities include the development of military HIV policy, stigma reduction, STI training for clinicians, scale-up of HIV laboratory capabilities for a military hospital of Abidjan, and continued technical assistance visits from DHAPP staff.



## THE GAMBIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of The Gambia is 1.8 million people, with an average life expectancy of 54 years. English is the official language of The Gambia, which has an estimated literacy rate of 40%, with uneven distribution between men and women. The Gambia has no significant mineral or natural resource deposits and has a limited agricultural base. About 75% of the population depends on crops and livestock for its livelihood. Small-scale manufacturing activity centers around the processing of peanuts, fish, and hides. The Gambia's natural beauty and proximity to Europe has made it one of the larger markets for tourism in West Africa. The GDP per capita is \$1,300.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in The Gambia's general population is estimated at 0.9%, with approximately 8,200 individuals living with HIV/AIDS. The predominant mode of HIV transmission in The Gambia is heterosexual contact, with women the most affected.

##### **Military Statistics**

The Gambian Armed Forces (GAF) consists of approximately 5,000 active-duty members. The Gambia expends 0.5% of GDP for military purposes. The prevalence rate for the military is unknown, but a seroprevalence and behavioral survey will be conducted in 2010.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP has been working with the GAF to continue expanding its prevention and testing program. Oversight from the DHAPP program manager in Senegal, located in the OSC in Dakar, and a close working relationship with the US Embassy in Banjul, allow for the continued efforts of this program.



## OUTCOMES & IMPACT

### Prevention

Throughout the year, a total of 1,834 troops and their family members were reached with comprehensive prevention messages. Recruits were especially targeted. Other targeted groups included 200 troops headed to Darfur for a peacekeeping operation, wives, and Navy Sailors. Currently, there are 12 strategic condom distribution outlets that are accessible to soldiers and their families.

### Care

In March 2007, the newly renovated Yundum Barracks opened as the only permanent CT center for troops and their family members. Laboratory technicians were deployed to the Fajara and Farafenni Barracks to begin basic laboratory services. This has increased the GAF's CT centers from 1 to 3. In FY09, 4,257 troops, family members, and civilians were counseled and tested, which is a significant increase from the previous years. One (1) nurse was sent to IDI in Kampala, Uganda, to attend palliative care training.

### Other

The GAF program manager traveled to South Africa to attend a monitoring and evaluation course for HIV/AIDS programs. The course was administered by the University of Pretoria. Also, members of the GAF visited the Senegalese military to tour some of its facilities, discuss aspects of its HIV/AIDS programs, and possible collaborations. Discussions were also held regarding prevention activities along its neighboring borders where both GAF and Senegalese troops are stationed. DHAPP encourages south-to-south collaboration.

### Proposed Future Activities

DHAPP received a proposal for FY10 activities from the OSC in Dakar on behalf of the GAF. The objectives of the proposal include continued prevention efforts for military personnel and their families, and increased counseling and testing at the various CT centers. Research Triangle International, GAF, and DHAPP will be conducting a seroprevalence and behavioral survey among the GAF in FY10.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Ghana is 24 million people, with an average life expectancy of 60 years. English is the official language of Ghana, which has an estimated literacy rate of 58%, unevenly distributed between men and women. Well endowed with natural resources, Ghana has roughly twice the per capita output of the poorer countries in West Africa. Gold, timber, and cocoa production are major sources of foreign exchange. The domestic economy continues to revolve around subsistence agriculture, which accounts for 34% of the GDP. The GDP per capita is \$1,500. Sound macroeconomic management along with high prices for gold and cocoa helped sustain GDP growth in 2008.

**HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Ghana is 1.9%, with approximately 260,000 individuals living with HIV/AIDS. Identified risk factors include heterosexual contact with multiple partners, sexual contact with sex workers, and migration (HIV rates are higher in bordering countries, such as Côte d'Ivoire and Togo). According to the 2009 *UNAIDS AIDS Epidemic Update*, low-risk heterosexual contact accounted for the

largest proportion (30%) of estimated incident HIV infections in Ghana in 2008.

**Military Statistics**

The Ghanaian Armed Forces (GAF) is estimated at approximately 12,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile, currently engaged in several UN peacekeeping missions in Côte d'Ivoire, the Democratic Republic of the Congo, and Liberia. No recent seroprevalence studies have been conducted in the GAF, so the current prevalence rate is unknown. Ghana expends 0.8% of the GDP on the military.

**PROGRAM RESPONSE****In-Country Ongoing Assistance**

The Ghana Armed Forces AIDS Control Program and the GAF Public Health Division of the GAF implement the HIV/AIDS program. DHAPP staff provides technical assistance and support to the GAF's program as does the OSC in Accra. DHAPP staff are members of the PEPFAR Ghana Country Support Team and participated in developing the COP for FY10 and the PEPFAR Partnership Framework.



During FY09, the US Naval Medical Research Unit #3 in Accra participated in activities that support the GAF's program including the development of the PEPFAR Partnership Framework. In late FY09, an in-country program manager was hired and works for the OSC in Accra.

### Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2005, 2007, and 2008. Funding for 2003 was released for expenditure during FY05, and funding for 2005 was released during FY07. These funds have been used to procure CD4 count and viral load-testing equipment, a hematology analyzer along with the supporting diagnostic supplies and reagents, a refrigerator, a centrifuge, a much-needed laboratory computer, a biological safety cabinet, and a chemistry analyzer.

## OUTCOMES & IMPACT

### Prevention

The GAF reported continued success in its prevention and care programs during FY09. Through prevention activities, 5,109 troops were reached with comprehensive prevention messages. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. Eighty-two (82) peer educators were trained.

The GAF has 7 service outlets that provide PMTCT services. Throughout the year,

1,331 pregnant women used PMTCT services, and 22 women were provided with a complete course of ARV prophylaxis.

### Care

The GAF has 1 service outlet that provides palliative care for troops and family members. At the palliative care outlet, 300 HIV-infected individuals received clinical prophylaxis and/or treatment for TB. Four (4) CT centers were operational for GAF personnel and families. During the year, 6,390 troops and family members were tested for HIV and received their results.

### Treatment

One (1) service outlet provides treatment services to the GAF and family members. During FY09, 168 individuals were newly initiated on ART, and at the end of the reporting period, a total of 240 clients were on ART.



### Other

During FY09, 2 individuals from the GAF program attended a monitoring and evaluation course for HIV/AIDS programs in Pretoria,

South Africa. DHAPP encouraged the GAF to start the process of recruiting a full-time data clerk/analyst, who would improve the quality of data in the GAF's HIV/AIDS program. Also, to improve the current GAF's reporting system, DHAPP has initiated procurement of 7 computers, which will be installed in all GAF garrisons.

### **Proposed Future Activities**

Continued comprehensive HIV programming for GAF members and their families was proposed by DHAPP to the PEPFAR Ghana Country Support Team. All proposed activities were included in the FY10 COP and the PEPFAR Partnership Framework. Some of these activities include continued prevention efforts, increased CT services, OVC, strategic information, and increased lab activities.





# GUINEA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Guinea is 10 million people, with an average life expectancy of 57 years. French is the official language of Guinea, which has an estimated literacy rate of 29.5%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The country has almost half of the world's bauxite reserves and is the second-largest bauxite producer. The mining sector accounts for over 70% of exports. Long-running improvements in government fiscal arrangements, literacy, and the legal framework are needed if the country is to move out of poverty. The GDP per capita is \$1,100.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Guinea is 1.6%, with approximately 87,000 individuals living with HIV/AIDS. Most cases of HIV in Guinea are spread through multi-partner heterosexual sex. In sub-Saharan Africa as a whole, women account for approximately 60% of estimated HIV infections. In Guinea, widowed women are nearly seven times more likely to be living with HIV than single women,

while divorced or separated women are over three times as likely to be infected than their single counterparts.

#### **Military Statistics**

The Guinean Armed Forces (GAF) is estimated at 23,000 members. Guinea allocates 1.7% of the GDP for military expenditures. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.6%, which is significantly higher than the general population. No further studies have been conducted within the GAF.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

During FY09, DHAPP collaborated with the GAF, the US DAO in Conakry, and in-country partner PSI. Due to the political situation in Guinea, programmatic support was halted in September 2009. In addition, the in-country program manager left the



program in October 2009, and no current activities are being supported by DHAPP or PSI.

### Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY05, FY06, and FY07. All funds were released in FY09. Since the bilateral military programs have been suspended, no procurement has occurred.

### OUTCOMES & IMPACTS

In February, PSI began engagement and planning activities with the GAF. *Operation Permanent Protection* was the prevention program agreed upon between PSI and the GAF. Program activities occurred from April to September 2009 and provided prevention messages to 496 troops and family members. Peer educators are the focus and delivery mechanism of the prevention messages. The objective of the peer educator training was to strengthen the capacity of participants to advocate effectively with their peers to change their behavior to prevent the spread of STIs and HIV.

Within each training unit, training began with the selection of peer educators based on the following criteria: reading and writing, performance on pretest on knowledge of HIV/STIs, communication skills, leadership, experience, motivation, and availability. The training, conducted by military instructors, was based on a participatory approach.

Techniques used during training included group work, film screenings, lectures using visual aids, condom demonstrations, question and answer sessions, and educational games demonstrating the risks of engaging in multiple partnerships. With these techniques, the participants gained communication skills to achieve behavior change advocacy toward their peers. The following modules were presented to peer educators using the techniques previously mentioned: module 1: peer educator and technology communication, module 2: basic knowledge of STIs/HIV, module 3: the perception of personal risk, and module 4 self-efficacy (condom negotiation).



## GUINEA-BISSAU

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Guinea-Bissau is 1.6 million people, with an average life expectancy of 48 years. Portuguese is the official language of Guinea-Bissau, which has an estimated literacy rate of 42%, unevenly distributed between men and women. Since independence from Portugal in 1974, Guinea-Bissau has experienced considerable political and military upheaval. One of the 6 poorest countries in the world, Guinea-Bissau depends mainly on farming and fishing. Cashew crops have increased remarkably in recent years, and the country now ranks fifth in cashew production. Guinea-Bissau exports fish and seafood along with small amounts of peanuts, palm

kernels, and timber. Rice is the major crop and staple food. The GDP per capita is \$600.



##### **HIV/AIDS Statistics**

An estimated 16,000 individuals are living with HIV/AIDS and the current prevalence rate is 1.8%. Heterosexual contact is the primary mode of transmission. According to the *2009 AIDS Epidemic Update*, 7 African countries including Guinea-Bissau report that more than 30% of all sex workers are living with HIV.

##### **Military Statistics**

The Armed Forces of Guinea-Bissau (AFGB) is estimated at approximately 5,000 active-duty troops. According to the AFGB, military HIV prevalence rates are approximately 14%.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP and the OSC at the US Embassy in Dakar are collaborating with the PRAF.

## OUTCOMES & IMPACT

In April 2009, DHAPP and the OSC conducted a preliminary assessment in Guinea-Bissau to determine the capability of the PRAF's medical facilities and its ability to absorb a DHAPP program. The AFGB openly discussed the struggles that they face in combating the epidemic. During the assessment, discussions were held regarding what DHAPP programmatic support would be most appropriate for the AFGB. The assessment team decided that CT supplies would be procured. By the end of FY09, 7,000 rapid test kits and several microscopes had been procured, which assisted in testing troops during FY10.

### **Proposed Future Activities**

Program activities will initiate in FY10, and they will include a DHAPP technical assistance visit for care and treatment as well as support for prevention activities within the AFGB. Training will be provided for ART services.



# LIBERIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Liberia is 3.4 million people, with an average life expectancy of 42 years. English is the official language, and the literacy rate is estimated at 58%, unevenly distributed between men and women. Civil war and government mismanagement have destroyed much of Liberia's economy, especially the infrastructure in and around Monrovia. Many businesses fled the country, taking capital and expertise with them, but with the end of fighting and the installation of a democratically elected government in 2006, some have returned. The GDP per capita is \$500.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Liberia's general population is 1.7% among adults, resulting in 35,000 individuals living with HIV.

#### **Military Statistics**

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to 2,000 troops in recent years. With assistance from the US DoD, the new troops are well trained and well equipped, and most importantly, will protect Liberia's people and respect their

human rights. Liberia expends 1.3% of the GDP on its military.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The AFL and staff from the OSC at the US Embassy have begun an HIV prevention program. An in-country program manager oversees the activities. In FY09, the Community Empowerment Project (CEP) of Liberia began assisting the AFL in its fight against HIV. DHAPP staff provided technical assistance, and the program continues to prosper.

#### **Foreign Military Financing Assistance**

Liberia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the





diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2007, 2008, and 2009. Received in FY09, the consolidated 2006–07 funding will soon be partially contracted for an incinerator, autoclave, and washer/dryer, with procurement of a centrifuge, biochemistry analyzer, microscope, refrigerator, CBC counter, rapid test kits, and supporting supplies/accessories on hold pending a clinic expansion. Received in FY10, the 2008 funding remains in-house for similar reasons, and the 2009 award offer is in process.

## **OUTCOMES & IMPACTS**

### **Prevention**

In FY09, 123 military personnel were trained in HIV/AIDS prevention, with a focus on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. In total, 1,902 troops and family members were trained in proper condom use, and importance and identification of condom accessibility.

Thirty (30) combat medics were trained in the proper handling and disposal of used needles and syringes. Sharps containers placed at service sites are used by AFL service providers. Health care providers have been taught not to recap used needles and to exercise universal precautionary measures, such as hand washing, gowning, masking, and proper sterilization.

### **Care**

The AFL has 3 CT centers, and during FY09, 264 troops, family members and civilians were counseled, tested, and received their results. CEP is working with the AFL to increase uptake of CT services by troops, families, and civilian communities.

### **Proposed Future Activities**

In FY10, CEP will continue to act as an implementing partner, support the AFL's program, and provide the AFL prevention strategies. In addition, the OSC and DHAPP will coordinate the construction of a medical clinic, which will include a laboratory for the AFL.





# MALI

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Mali is 13.4 million people, with an average life expectancy of 52 years. French is the official language of Mali, which has an estimated literacy rate of 46%, unevenly distributed between men and women. Mali is among the poorest countries in the world, with 65% of its land area desert, and with a highly unequal distribution of income. Economic activity is largely confined to the river area irrigated by the Niger. About 10% of the population is nomadic, and some

main export, along with gold. The GDP per capita is \$1,100.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mali's general population is 1.5%, with approximately 100,000 individuals living with HIV. The primary modes of HIV transmission are heterosexual contact, sexual contact with sex workers, and STIs. According to the *2009 AIDS Epidemic Update*, Mali is 1 of 7 African countries that reports more than 30% of all sex workers are living with HIV.



#### **Military Statistics**

The Malian Armed Forces (MAF) is estimated at approximately 40,000 members. Mali allocates 1.9% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP works with the MAF and US Embassy personnel, including the DAO and OSC. In-country partner FHI has established a collaborative relationship with the MAF, DHAPP, and the US Embassy officials in country. In Mali, as

80% of the labor force is engaged in farming and fishing. Industrial activity is concentrated on processing farm commodities. Mali is heavily dependent on foreign aid and vulnerable to fluctuations in world prices for cotton, its

in many African countries, military and civilian populations share the main hospitals, with the military primarily using the health clinics. There are 34 military clinics in the 6 military regions. The health care system in the military is severely limited in its capacity to care for individuals living with HIV/AIDS due to inadequate staff skills, supplies, and infrastructure, including erratic availability of reagents in CT centers, drugs for STI treatment, and intermittent supplies of ARVs in clinics.



## OUTCOMES & IMPACTS

### **Prevention**

During FY09, 28,412 troops and their family members were reached with prevention messages. These activities involved all aspects of prevention, including abstinence, being faithful, and correct and consistent condom use. Twenty (20) medical health care providers were trained in blood and injection safety.

### **Care**

Six (6) service outlets provide palliative care and CT services for the MAF and the surrounding civilian population. One hundred fifty-nine (159) individuals received palliative care services. Among the 5,914 personnel (troops, dependents, and community members) tested this year, 2,361 were troops. Twenty (20) individuals were trained in CT services.

### **Proposed Future Activities**

FHI will continue working with the MAF, US Embassy personnel, and DHAPP on continued programming.





## NIGER

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Niger is 15.3 million people, with an average life expectancy of 53 years. French is the official language, and the literacy rate is estimated at 28%, unevenly distributed between men and women. Niger is one of the poorest countries in the world, with minimal government services and insufficient funds to develop its resource base. The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. A predominately Tuareg ethnic group emerged in February 2007 as the Nigerien Movement for Justice and attacked several military targets in Niger's northern region throughout 2007 and 2008. Events have since evolved into a fledging insurgency. Nearly half of the government's budget is derived from foreign donor resources. Future growth may be sustained by exploitation of oil, gold, coal, and other mineral resources. Uranium prices have increased sharply in the last few years. A drought and locust infestation in 2005 led to food shortages for as many as 2.5 million Nigeriens. The GDP per capita is \$700.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Niger's general population is 0.8%, with 60,000 Nigerien people living with HIV/AIDS.

#### **Military Statistics**

Niger allocates 1.3% of the GDP for military purposes. The Nigerien Armed Forces (NAF) rate of HIV is unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff has been collaborating with the DAO at the US Embassy in Niamey and the NAF on an HIV/AIDS program.

### OUTCOMES & IMPACT

Due to the political situation in Niger, there were no programmatic activities in FY09.

#### **Proposed Future Activities**

DHAPP received a proposal for FY10 activities in Niger from the US Embassy.

# NIGERIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Nigeria has an estimated population of 148 million people with an average life expectancy of 47 years. English is the official language of Nigeria, for which there is an estimated literacy rate of 68%, unevenly distributed between men and women. Following nearly 16 years of military rule, a new constitution was adopted in 1999, and a peaceful transition to civilian government was completed. The country is undertaking some reforms under the new administration. The Nigerian president's 7-point agenda represents a targeted approach to social variables that will improve quality of life: power and energy, food security and agriculture, wealth creation and employment, mass transportation, land reform, security, and qualitative and functional education, as well as 2 special interest issues: Niger Delta and disadvantaged groups. The GDP per capita is estimated at \$2,400.

#### **HIV/AIDS Statistics**

According to the *2009 National HIV Policy*, an estimated 2.95 million people are individuals living with HIV, with a prevalence rate of 4.4%. Identified risk factors include STIs, heterosexual contact with multiple concurrent

partners, mother-to-child transmission, and blood transfusions. According to the *2009 AIDS Epidemic Update*, Nigeria is 1 of 7 African countries who report that more than 30% of all sex workers are living with HIV. The Armed Forces are part of the larger society. In addition, they have been active in PKOS in other countries. Some of these countries have higher HIV prevalence figures than seen in Nigeria. Certain exigencies as dictated by the nature of the military profession, put soldiers at greater risk of engaging in risky behavior than the general public. These include long periods of separation from spouses and family members as a result of postings and exercises within and outside the country.

#### **Military Statistics**

The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. The NMOD medical facilities serve active-duty members, their families, retired, and civilians in the surrounding communities. The uniformed strength is estimated at 80,000 to 90,000 active-duty members. Total catchments of patients are estimated at 1.2 million individuals (NMOD, unpublished data). HIV-1 screening is only mandatory upon

application to the uniformed services, peacekeeping deployment/redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military have not been published.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The Walter Reed Army Institute of Research (WRAIR) USMHRP maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the US Department of Defense HIV Program in Nigeria (DODHPN). The office is staffed by a uniformed public health service physician, 3 civilian USG employees, 10 locally employed staff, and 23 contract employees. The program and its personnel are divided into PEPFAR and research sections. The office executes both program implementation and PEPFAR (USG) agency management activities. Agency activities include active participation in USG technical working groups, development of the USG strategic vision, and COP planning and development.

In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD, from whom counterpart funding has been leveraged annually since 2005. This NMOD–DODHPN partnership is dedicated to expanding prevention, care, and treatment services in military and civilian communities. The NMOD–DODHPN PEPFAR program is governed by a Steering Committee, co-chaired by the Minister of State for Defense and the US Ambassador to Nigeria, and includes representatives from the Nigerian Federal Ministry of Health

(FMOH) and the National Agency for the Control of AIDS.

The program’s full collaboration with the NMOD has provided a strong foundation for creating and implementing activities that are aimed at improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and a model for host-nation ownership of the program. The fact that the DODHPN both implements and participates at USG TWG level also helps in shaping policies, formulations, and decisions on HIV programming in the country—reflective of NMOD and Nigerian national needs.

DODHPN is supported by US-based USMHRP staff with technical and administrative support and oversight; DHAPP, through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP overseas technical support from Kenya, Uganda, and Thailand.

### **Care**

During the reporting period, 6 additional sites were supported, bringing the total number of sites supported by the NMOD-DODHPN HIV Program to 20 sites. The program supports military facilities that provide HIV/AIDS services to the NMOD, their dependents, and civilians living near





the facilities. During FY09, 18,066 clients were receiving care and support from the NMOD–DODHPN HIV Program, and 1,021 of them also received treatment for TB. One hundred ninety-one (191) individuals were trained in the provision of palliative care services in FY09. There were 47,791 troops, family members, and civilians who were counseled and tested during the year. One hundred twenty-three (123) Nigerian military personnel were trained in HIV CT, using the approved national testing algorithm. Outreach for CT was conducted at a series of health bazaars to increase CT uptake by individuals who may fear being tested at a military hospital. Continuity of care is the goal of care and support program and priority areas include *Prevention with Positives* (PwP), early diagnosis of HIV infection, nutrition, cotrimoxazole prophylaxis, pain management, palliative care, linkage and retention in care, malaria prevention, and safe water and hygiene. In FY09, the program also provided support to 775 OVC, and trained 28 OVC caretakers.

### **Treatment**

Of the 20 service sites that provide ART for the NMOD, 3,116 patients were newly initiated on ART. At the end of the reporting period, 8,494 patients were reported “current” on ART. In FY09, 100 health workers were trained in the provision of ART services, in accordance with national standards.

### **Laboratory**

All 20 sites have laboratories with the capacity to perform HIV tests and CD4 tests. During the reporting period, 211 military personnel were trained in the provision of lab-related activities, including good

laboratory practices and quality control/quality assurance procedures. Notably, the program provided training for personnel from national and partner programs. Twenty-five (25) laboratory personnel from the National AIDS Coordinating Agency were trained in laboratory methods. The Defense Laboratory Training Centre in Ikeja-Lagos was activated. Twenty four laboratory staff (24) trained in malaria microscopy. Training was conducted in collaboration with the WRAIR Malaria Diagnostic Centre of Excellence Kisumu-Kenya. Of the 24 laboratory personnel trained, 9 were from the CDC/USAID implementing partners, National Malaria Program-FMoH, and other Government of Nigeria health agencies. The Defense Reference laboratory located at the Defence Headquarters Medical Center, Mogadishu Cantonment was jointly established by NMOD-DODHPN. The center is currently being equipped and developed for the commencement of QA/QC activities. Three (3) NMOD laboratories were enrolled in the WHO-AFRO Regional Laboratory Accreditation Pilot Program. Two (2) NMOD laboratory leads were also educated as trainers and mentors to implement the Strengthening Laboratory Management Toward Accreditation program in support of the WHO–AFRO laboratory accreditation.

### **Prevention**

In FY09, the NMOD–DODHPN HIV Program continued abstinence and/or being faithful prevention programming at 20 military sites. A highlighted achievement during the reporting period was training 36 peer educators in abstinence and/or being faithful and HIV/AIDS prevention messaging. The majority of those trained include in- and out-of-school youth. Through their educators, 17,348 troops, including dependents and civilian communities around the barracks were reached with



abstinence and be faithful prevention messages. In a new, focused effort, training and programming promoting abstinence-only messaging and skills fostering youth empowerment and knowledge were conducted with in-school youth. Additional prevention activities that focused beyond abstinence and being faithful were held and reached 8,770 troops, including dependents and civilian communities around the barracks, with comprehensive prevention messages. The NMOD–DODHPN HIV Program supported 87 targeted service condom outlets. Several strategies were employed to reach troops with community outreach HIV/AIDS prevention programs. For example, health bazaars were held at many sites, and focused on HIV/AIDS education and awareness activities to include prevention information and messaging on correct and consistent condom use.

During FY09, the NMOD–DODHPN HIV Program expanded PMTCT activities to all 20 military facilities supported by the program. To strengthen the capacity of NMOD personnel to conduct PMTCT activities, 30 health care workers were trained during the reporting period. This included external training at IDI in Uganda, as well as on-site clinical training and mentorship by locally employed NMOD–DODHPN staff and an on-site training specialist from USMHRP. A total of 6,392 pregnant women were counseled and tested during this reporting period. In addition, 471 of the pregnant women received a complete course of ARV prophylaxis.

### Other

During the reporting period, 65 individuals were trained in data collection and monitoring. Twenty-one (21) organizations were provided technical assistance in the areas of strategic information.

### Proposed Future Activities

In the next year, the program will continue to build upon activities previously highlighted, focusing intently on QA initiatives and interventions that aim toward sustainability. The program will also continue to leverage counterpart funding from the NMOD. In keeping with USG mandates, DODHPN is committed to aligning its priorities with those of the Government of Nigeria to strengthen the organizational and technical capacity of the NMOD. The program will also increasingly focus on deepening the integration of HIV/AIDS response into the broader health care system and strengthening the health care system at all levels in the sites supported by the program. Proposed activities were submitted to the Nigeria Country Support Team by the Embassy and were included in the FY10 COP.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of Senegal is 13.7 million people, with an average life expectancy of 59 years. French is the official language of Senegal, which has an estimated literacy rate of 39%, unevenly distributed between men and women. In January 1994, Senegal undertook a bold and ambitious economic reform program with the support of the international donor community. After seeing its economy contract by 2.1% in 1993, Senegal made an important turnaround, thanks to the reform program, with real growth in GDP, averaging over 5% annually during 1995–2008. In September 2009, Senegal signed a compact with the US Millennium Challenge Corporation, which will provide \$540 million in infrastructure development. The GDP per capita is \$1,600. Senegal remains one of the most stable democracies in Africa, and has a long history of participating in international peacekeeping.

**HIV/AIDS Statistics**

The HIV prevalence rate in Senegal's general population is estimated at 1.0%, with approximately 67,000 individuals living with HIV/AIDS. Senegal is considered to have a concentrated epidemic. Although the HIV rate in the

general public has been consistently low, specific vulnerable populations have much higher prevalence rates, such as 17% among sex workers. According to the *2009 AIDS Epidemic Update*, Recent modes of transmission analysis indicate that men who have sex with men may account for up to 20% of incident HIV infections in Senegal.

**Military Statistics**

The Senegalese Armed Forces (SAF) consists of approximately 16,000 active-duty members. Senegal expends 1.4% of the GDP on its military. In 2006, the SAF conducted a behavioral and biological surveillance survey. The study found that from a sample of 745 SAF personnel, the HIV infection rate was 0.7%, and that their knowledge of HIV had improved from 2002 (61.7% in 2002 to 89.8 % in 2006). The military does not conduct force-wide testing, but

it does test troops prior to deployment on PKOs.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The SAF HIV/AIDS program is a collaborative effort between the AIDS Program Division of the SAF, the OSC at the US Embassy, and DHAPP. An in-country program manager at the OSC works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other USG agencies that are PEPFAR members in Senegal. Senegal is a bilateral PEPFAR program and has a Country Support Team.

### **Foreign Military Financing Assistance**

Senegal was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for fiscal years 2003, 2004, 2006, 2007, 2008, and 2009. Funding for 2003, 2004, and 2006 was released for expenditure during FY05, FY07, and FY09, respectively. To date, 2003 funding has been used to procure a CD4 machine, an ELISA machine, a hematology analyzer, and HIV rapid test kits, in addition to other supporting diagnostic supplies and reagents. Procurement has begun using 2004 funding and includes an immunoassay analyzer, reagents for the ELISA machine, and a hematology analyzer, in addition to other supporting diagnostic supplies and reagents.

### **Prevention**

Since its inception, the SAF HIV/AIDS program has promoted not only abstinence and fidelity, but also correct and consistent condom use. The STI and HIV/AIDS prevention program used Information, Education, and Communication approaches to reach 19,898 troops. Small discussion groups are held with recruits and are considered very important for information transmission. These discussion groups, integrated into recruit training, are part of different units' work plans. With the help of SAF leadership, there has been an increased emphasis on units to complete their HIV/AIDS work that includes proximity sensitization and discussion groups. The SAF strategically targeted vulnerable groups: new recruits, peacekeepers, and military officers in postconflict zones. In FY09, 235 peer educators were trained.

Three (3) SAF facilities carried out blood-safety activities: the Hospital Militaire de Oukam (HMO; principal military hospital in Dakar) and 2 medical service outlets in Ziguinchor and Tambacounda (both are in the southern region where most Senegalese troops are stationed). Blood-safety trainings were held for highly vulnerable, postconflict regions, such as



Tambacounda and Ziguinchor, as well as for major service providers in Dakar. The 2-day trainings focused on accidental exposure to blood, and they benefited 233 clinicians.

During the reporting period, 10 PMTCT sites functioned. The SAF continues to promote HIV testing of pregnant women at each of its 10 PMTCT sites through provider-initiated testing. A total of 1,694 women were counseled and tested, and 7 women received a complete course of ARV prophylaxis. Acceptance of testing in expectant mothers increased from 79% to 85% between FY08 and FY09, respectively. The 2006 SAF behavioral study highlighted that the prevalence is higher in married couples than among singles. The PMTCT program offers sensitization for pregnant women and wives to better inform them of their choices and their role in the epidemic, as well as the options available to them. There is now a focus on engaging husbands and encouraging their wives to get tested when pregnant. Workshops on PMTCT have also increased in different barracks across the country.

### Care

Palliative care services are provided by the regional chief medical officers in the different military zones serving both troops and family members. There are 18 service outlets for the SAF throughout Senegal. The majority of the patients were monitored at the HMO. Accuracy of reporting palliative care patients at the service outlets outside of Dakar is expected to improve with a new reporting system. This system is currently being developed and will harmonize indicators for PEPFAR/DHAPP as well as feed into the national database managed by the National Council for the Fight Against

AIDS in Senegal. The number of palliative care patients at HMO was 91 during FY09.

Sixteen (16) service outlets provide CT for the SAF. A total of 8,064 troops were counseled and received their test results. The high testing rate is partially due to the prevention strategy the SAF has adopted. First of all, testing services always precede mass sensitization events. Secondly, the protocol for testing soldiers at the military camps requires individual counseling followed by testing and receipt of their results. Counseling is conducted by either medical physicians or social assistants. Chiefs of the troops in the regions are always the first to be tested, followed by their troops. Many of the troops that were tested will deploy on PKOs to Darfur, the Democratic Republic of the Congo, Haiti, and Cote d'Ivoire. In addition, there is CT training for the new medical officers who have recently graduated from Senegal's military medical school, Ecole Militaire de Santé, located at Camp Dial Diop. In FY09, 20 individuals were trained in the provision of CT services.

### Treatment

The SAF has 3 service outlets that provide ART: HMO in Dakar and 2 new regional medical clinics in Ziguinchor and Tambacounda. Only the laboratory in Dakar has the capacity for CD4 testing. Military personnel who cannot go to HMO are referred to regional civilian hospitals for CD4 testing. ART at the regional level is carried out in close collaboration with the Senegalese Regional Coordination Committees to fight against AIDS. In FY09, 20 clients were newly initiated on ART.

### Other

The SAF AIDS Program Division is aligning itself with the national reporting system. Senegal

has implemented WHO's HealthMapper as its national reporting tool for all health agencies. In FY09, 20 chief medical officers participated in HealthMapper training.

### **Proposed Future Activities**

Continued comprehensive HIV programming for the SAF was proposed by the Embassy to the PEPFAR Senegal Country Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, and SAF capacity development.







## SIERRA LEONE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Sierra Leone is 5 million people, with an average life expectancy of 55 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The government is slowly reestablishing its authority after the 1991 to 2002 civil war. Sierra Leone is an extremely poor nation with tremendous inequality in income distribution. While it possesses substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed, and serious social disorders continue to hamper economic development. Nearly half of the working-age population engages in subsistence agriculture. The GDP per capita is \$900. About two thirds of the working-age population engages in subsistence agriculture. The fate of the economy depends on the maintenance of domestic peace and continued receipt of substantial aid from abroad, which is essential to offset the severe trade imbalance and to supplement government revenues. Alluvial diamond mining remains the major source of hard currency earnings, accounting for nearly half of Sierra Leone's exports.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.7%, with approximately 55,000 individuals living with HIV/AIDS. Prevalence rates are thought to be higher in urban than in rural areas. Identified significant risk factors include high-risk heterosexual contact and contact with sex workers.

#### **Military Statistics**

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 11,000 active-duty members. Sierra Leone expends 2.3% of the GDP on military purposes. The RSLAF undertook a seroprevalence and behavioral study of its troops in 2007. The findings from the study revealed a prevalence rate of 3.29%, twice that of the general population.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The RSLAF HIV/AIDS program began in spring 2002. It is a collaborative effort between DHAPP, the DAO at the US Embassy, and the RSLAF. The relationship has fostered many advances



in this program. In FY09, Poshe, a local NGO, became an implementing partner with DHAPP and the RSLAF.

### **Foreign Military Financing Assistance**

Sierra Leone was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was appropriated for FY 2003, 2004, 2006, 2007, and 2009. Funding for 2003, 2005, 2006, and 2007 was released for expenditure during FY05, FY07, FY08, and FY09, respectively. To date, 2003 funding has been used to procure HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. Fiscal year 2004 funds have been used to procure HIV test kits, a microplate reader and washer, 2 CD4 counters, and rapid test kits, in addition to other supporting diagnostic supplies and reagents. Funding from FY06 has been used to send laboratory personnel to IDI for laboratory testing and procedure training.

## **OUTCOMES & IMPACTS**

### **Prevention**

In FY09, 6,094 troops and family members were reached with comprehensive prevention messages, and another 212 were trained in the provision of those messages. Another prevention achievement has been having peer educators bring their spouses to their trainings, which emphasizes the importance of partner HIV knowledge. The RSLAF supported 28 condom service outlets.

Twelve (12) RSLAF laboratory technicians were retrained in blood safety. During the year, 1 service outlet supported PMTCT services, and 367 pregnant women were provided services at this outlet, 8 of whom were provided with a complete course of ART prophylaxis. Five (5) medical providers were trained in the provision of PMTCT services.



### **Care**

Two (2) outlets provided CT services for military members, and 273 troops were tested for HIV and received their results. In anticipation of scaling up CT services, 160 individuals were trained.

### **Treatment**

One (1) service outlet provides ART for RSLAF members, family, and civilians in the area. During the year, 38 RSLAF troops or family members were established on ART. Four (4) providers were trained in the provision of ART. Twelve (12) laboratory technicians were trained in ART services.

### Other

In June 2009 the RSLAF held a 3-day policy review workshop that included reviewing the National HIV/AIDS Policy of Sierra Leone. The final version is pending approval by the RSLAF. Poshe provided training for 720 chaplains, other religious leaders, and troops in the RSLAF on stigma and discrimination.

### Proposed Future Activities

DHAPP received a proposal for FY10 activities from the DAO at the US Embassy on behalf of the RSLAF. Specific objectives of the proposal included (1) increasing prevention efforts for troops, family members, and civilians in the surrounding areas; (2) increasing RSLAF testing abilities; and (3) training additional health care providers in PMTCT services, laboratory diagnostics, and ART services.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Togo is 6 million people, with an average life expectancy of 59 years. French is the official language, and the literacy rate is estimated at 61%, unevenly distributed between men and women. This small, sub-Saharan country's economy is heavily dependent on both commercial and subsistence agriculture, which provide employment for 65% of the labor force. Some basic foodstuffs must still be imported. Cocoa, coffee, and cotton generate about 40% of export earnings, with cotton as the most important cash crop. The GDP per capita is \$900.

#### **HIV/AIDS Statistics**

The current HIV prevalence rate in Togo's general population is 3.3%, with 130,000 Togolese individuals living with HIV/AIDS. The primary identified risk factor is heterosexual sex with multiple partners. According to the *2009 AIDS Epidemic Update*, declines in HIV prevalence among antenatal clinic attendees have been documented in Togo.

#### **Military Statistics**

The Togolese Armed Forces (TAF) is composed of approximately 12,000 personnel. HIV prevalence in the military is unknown. Togo allocates 1.6% of the GDP for military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff collaborated with US Embassy staff from the Development Office in Lomé, the OSC in Ghana, and the TAF on a TAF HIV/AIDS program. In FY09, an implementing partner, Association des Militaires, Anciens Combattants, Amis et Corps Habillés (AMACACH), was identified to assist the TAF with its programming. The grant between DHAPP and AMACACH was signed in December 2009.



### Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004 and 2006. Received in FY05, the 2003 funding was executed for a hematology analyzer, microscope, and rapid test kits. Received in FY09, the consolidated 2004/2006 funding is currently under contract for a cytometer, chemistry analyzers, a hematology analyzer, microscopes, generators, autoclaves, and distillers.

### OUTCOMES & IMPACT

#### Prevention

During FY09, one of the main accomplishments of the TAF program was identifying an NGO, AMACACH, to assist them with programming. Many planning meetings between the TAF and AMACACH were held in anticipation of the awarded grant. The grant was awarded in December 2009, and activities were initiated in February 2010. Activities will include prevention efforts, OVC services and income-generating training for military wives whose husbands are HIV positive.

#### Laboratory

In FY09, DHAPP staff assisted the TAF with procurements of lab equipment for the main military laboratory in Lomé. The heightened capacity of the lab allowed lab technicians to perform 27,276 HIV and STI diagnostic tests.

### Other

In December 2008, representatives from the TAF and US Embassy staff in Lomé attended the *8th Annual Defense Institute for Medical Operations HIV/AIDS Planning and Policy Development Course* in San Antonio, Texas. In addition, 1 TAF physician attended the *International Military HIV/AIDS Prevention Conference* in Gaborone, Botswana, co-hosted by the Botswana Defense Force and DHAPP. The objective of the conference was to bring together military HIV prevention specialists, DHAPP program managers, NGOs, universities, and multilateral organizations to share best practices in HIV prevention and provide input regarding future directions and HIV prevention needs.

Outcomes from the policy and prevention conferences attended by the 2 TAF representatives yielded much response and action. The Military Wives association began an HIV-testing campaign for women and is encouraging them to utilize PMTCT services. A seroprevalence survey is being planned for the TAF as recommended by both conferences in San Antonio and Gaborone. Male circumcision as a prevention strategy has recently been introduced and is actively being discussed amongst the military physicians. Learning about other militaries' PKO experiences was highly valuable to the TAF since they are currently engaged in PKOs in Chad, Central African Republic, and Côte d'Ivoire. Ultimately, the TAF was reminded that HIV can destabilize the military and weaken troop readiness. This has strengthened the decision makers' commitment to the fight against HIV.

### Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the TAF to strengthen the HIV program. Activities will include increase prevention efforts, training for physicians on ART services, OVC activities, increased CT services and stigma reduction efforts.

**US CENTRAL  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

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**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USCENTCOM, which works with national and international partners, promotes development and cooperation among nations, responds to crises, and deters or defeats state and transnational aggression in order to establish regional security and stability.



## AFGHANISTAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

In December 2004, Hamid Karzai became the first democratically elected president of Afghanistan and the National Assembly was inaugurated the following December. Karzai was re-elected in November 2009 for a second term. Despite gains toward building a stable central government, a resurgent Taliban and continuing provincial instability—particularly in the south and the east—remain serious challenges for the Afghan government. The estimated Afghan population is 28 million people, with an average life expectancy of 44 years. Pashto and Persian (Dari) are the official languages of Afghanistan, which has an estimated literacy rate of 28%, with uneven distribution between men and women. While the international community remains committed to Afghanistan's development, pledging over \$57 billion at three donors' conferences since 2002, the government of Afghanistan will need to overcome a number of challenges, including low revenue collection, anemic job creation, high levels of corruption, weak government

capacity, and poor public infrastructure. The GDP per capita is \$800, with an unemployment rate of 35%.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Afghanistan's general population is currently unknown because of a lack of data. A demographic and health survey is planned for Afghanistan and will begin in April 2010.

##### **Military Statistics**

The Afghan National Army (ANA) has an estimated 70,000 members, with an air force of 8,000 members. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff collaborated with military officials and US Embassy staff in Afghanistan to provide technical assistance in the establishment of a comprehensive HIV/AIDS policy for the ANA. In 2008, the ANA successfully completed their HIV/AIDS policy, entitled *Policy for the Prevention of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome in the Afghan National Army*. No further engagement has occurred.





## JORDAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

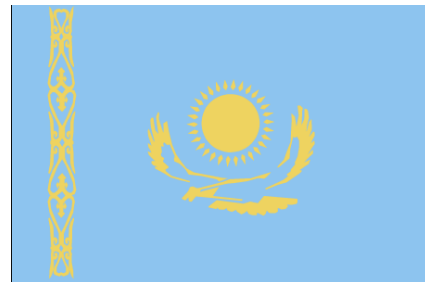
The estimated population of Jordan is 6.4 million people, with an average life expectancy of 80 years. Arabic is the official language of Jordan, which has an estimated literacy rate of 90%, evenly distributed between men and women. Jordan's economy is among the smallest in the Middle East, with insufficient supplies of water, oil, and other natural resources, underlying the government's heavy reliance on foreign assistance. Other economic challenges for the government include chronic high rates of poverty, unemployment, inflation, and a large budget deficit. The global economic slowdown, however, has depressed Jordan's GDP growth, while foreign assistance to the government in 2009 plummeted, hampering the government's efforts to reign in the large budget deficit. The GDP per capita is \$5,300.

##### **HIV/AIDS Statistics**

The current prevalence rate in Jordan is less than 0.1%. Heterosexual contact is the primary mode of transmission. In a low prevalence setting such as Jordan, prevention efforts focus on sex workers, men who have sex with men, and injection drug users.

##### **Military Statistics**

Jordan expends 8.6% of the GDP on its military, the Jordanian Armed Forces (JAF).



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP and the US Naval Medical Research Unit 3 (NAMRU-3) in Cairo, Egypt, are collaborating with the JAF.

##### **OUTCOMES & IMPACT**

In FY09, NAMRU-3 met with JAF health officials to provide technical assistance with HIV policy and program development.



## KAZAKHSTAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Kazakhstan is 15.3 million people, with an average life expectancy of 68 years. Russian is the official language of Kazakhstan, which has an estimated literacy rate of 99%, evenly distributed between men and women. Kazakhstan, the largest of the former Soviet republics in territory, excluding Russia, possesses enormous fossil fuel reserves and plentiful supplies of other minerals and metals. It also has a large agricultural sector featuring livestock and grain. Kazakhstan's industrial sector rests on the extraction and processing of these natural resources. The GDP per capita is \$11,400.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Kazakhstan is estimated at 0.1%, with approximately 12,000 individuals living with HIV/AIDS. The HIV epidemic in Kazakhstan is concentrated mainly among injection drug users and their sexual partners. Injection drug users accounted for about 75% of new HIV cases, with the remainder of new cases infected through sexual transmission.

##### **Military Statistics**

The Kazakhstan Armed Forces (KAF) is composed of an estimated 64,000 members. Kazakhstan expends 0.9% of the GDP on military purposes. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff members have maintained contact with US Embassy staff in Astana.

#### OUTCOMES & IMPACTS

In July 2009, 2 KAF physicians attended *MIHTP* in San Diego. The physicians experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physicians were exposed to the most up-to-date advances in HIV/AIDS prevention and care services.

## KYRGYZSTAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Kyrgyzstan is 5.4 million people, with an average life expectancy of 69 years. Kyrgyz and Russian are the official languages of Kyrgyzstan, which has an estimated literacy rate of 99%, evenly distributed between men and women. In 1991, Kyrgyzstan achieved independence from the Soviet Union. Kyrgyzstan is a poor, mountainous country with a predominantly agricultural economy. Cotton, tobacco, wool, and meat are the main agricultural products, although only tobacco and cotton are exported in any significant quantity. Industrial exports include gold, mercury, uranium, natural gas, and electricity. While the GDP grew more than 6% annually in 2007–08, partly due to higher gold prices internationally, it fell 1% in 2009, due to declines in remittances and investment following the global financial crisis and to lower gold production. The GDP is \$2,100.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Kyrgyzstan's general population is estimated at 0.1%, with approximately 4,200 people living with HIV. Risk factors in this concentrated epidemic include primarily injection drug use but sexual transmission accounts for most other cases.

##### **Military Statistics**

The Kyrgyzstan Armed Forces (KAF) comprises an estimated 10,000 personnel. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

With financial support from DHAPP and administrative support from the US Embassy Security Assistance Office, the KAF has made continued progress with its HIV prevention program. The KAF regularly conducts specified activities in HIV prevention among soldiers based on partnership and a unified methodological approach, which are a part of the national response to the HIV epidemic.

#### OUTCOMES & IMPACT

During FY09, there were no DHAPP-sponsored activities for the KAF because of political unrest.

## TAJIKISTAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Tajikistan is 7.3 million people, with an average life expectancy of 65 years. Tajik is the official language of Tajikistan, which has an estimated literacy rate of 99%, evenly distributed between men and women. The GDP per capita is \$1,800. Tajikistan gained independence in 1991 following the breakup of the Soviet Union, and it is now in the process of strengthening its democracy and transitioning to a free-market economy after a civil war that lasted from 1992 to 1997. There have been no major security incidents in recent years, although the country remains the poorest in the former Soviet sphere. Attention from the international community in the wake of the war in Afghanistan has brought increased economic development and security assistance, which could create jobs and increase stability in the long term. Tajikistan is in the early stages of seeking World Trade Organization membership and has joined NATO's Partnership for Peace.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Tajikistan's general population is estimated at 0.3%, and there are approximately 10,000 people with HIV.

##### **Military Statistics**

The size of the Tajikistan Armed Forces (TAF) is approximately 27,000, including the border guards, the largest branch of the TAF, comprising about 12,500 officers and enlisted members. In addition, MOD has about 10,500 personnel, the National Guard has 2,500, and the Ministry of Emergency Situations and Civil Defense has about 1,500 members. No information regarding HIV prevalence in the military is available.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff members have maintained close collaborative efforts with the ODC in Dushanbe and the TAF. In 2009, International Organization of Open Society Institute Assistance Foundation in the Republic of Tajikistan (OSI-AF Tajikistan) became an implementing partner for the TAF and DHAPP.



## OUTCOMES & IMPACTS

Prevention activities such as advocate sessions for mid- to senior-level military officials, prevention training for recruits, purchase of OI drugs, lab renovation and lab equipment, and STI management training for clinicians were initiated at the end of FY09.

In July 2009, two physicians from the TAF attended the *MIHTP* in San Diego. The physicians experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physicians were exposed to the most up-to-date advances in HIV/AIDS prevention and care services.

## Proposed Future Activities

DHAPP received a proposal from the US Embassy in Dushanbe to support the TAF with their HIV program which would be in addition to the efforts from OSI-AF Tajikistan.





## UNITED ARAB EMIRATES

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of the United Arab Emirates (UAE) is 5 million people, with an average life expectancy of 76 years. Arabic is the official language of the UAE, which has an estimated literacy rate of 78%, evenly distributed between men and women. The UAE has an open economy with a high per capita income and a sizable annual trade surplus. Successful efforts at economic diversification have reduced the portion of GDP based on oil and gas output to 25%. Since the discovery of oil in the UAE more than 30 years ago, the UAE has undergone a profound transformation from an impoverished region of small desert principalities to a modern state with a high standard of living. The government has increased spending on job creation and infrastructure expansion and is opening utilities to greater private sector involvement. The UAE's strategic plan for the next few years focuses on diversification and creating more opportunities for nationals through improved education and increased private sector employment. The GDP per capita is \$42,000.

##### **HIV/AIDS Statistics**

The current prevalence rate in the UAE is 0.2%. Heterosexual contact is the primary mode of transmission.

##### **Military Statistics**

The UAE expends 3.1% of the GDP on the United Arab Emirates Armed Forces (UAEAF).

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP and the US Naval Medical Research Unit 3 (NAMRU-3) in Cairo, Egypt, are collaborating with the UAEAF.

#### OUTCOMES & IMPACT

In FY09, NAMRU-3 met with the health directorate of the UAEAF, relevant officers, and private-sector consultants to identify HIV policy and program development needs.

##### **Proposed Future Activities**

DHAPP and NAMRU-3 will continue to provide technical assistance in research, policy, and peer education programs. In June 2010, DHAPP will meet with UAEAF representatives to discuss HIV policy development and strategic information to guide future programming.





# U Z B E K I S T A N

# D H A P P

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Uzbekistan is 28 million people, with an average life expectancy of 72 years. Uzbek is the official language of Uzbekistan, which has an estimated literacy rate of 99%, evenly distributed between men and women. Uzbekistan is a dry, landlocked country; 11% of the land is intensely cultivated in irrigated river valleys. More than 60% of the population live in densely populated rural communities. Export of hydrocarbons, including natural gas and petroleum, provided about 40% of foreign exchange earnings in 2009. Other major export earners include gold and cotton. Uzbekistan is now the world's second-largest cotton exporter and fifth largest producer. The GDP is \$2,800.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Uzbekistan's general population is estimated at less than 0.1%, with approximately 16,000 individuals living with HIV. According to the *2009 AIDS Epidemic Update*, epidemics in the Eastern Europe/Central Asia region are primarily driven by transmission during injection drug use.

#### **Military Statistics**

Uzbekistan expends 2% of the GDP on its military. HIV rates in the military are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP and the US Embassy Security Assistance Office in Tashkent have collaborated with the Uzbekistan military on its HIV/AIDS program.

### OUTCOMES & IMPACT

In July 2009, 1 physician from the Uzbekistan military attended the *MIHTP* in San Diego. The physician experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physician was exposed to the most up-to-date advances in HIV/AIDS prevention and care services.

**US EUROPEAN  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



The mission of USEUCOM is to conduct military operations, international military partnering, and interagency partnering to enhance transatlantic security and defend the United States forward. USEUCOM does this by establishing an agile security organization able to conduct full-spectrum activities as part of whole-of-government solutions to secure enduring stability in Europe and Eurasia.

## ALBANIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Albania has made progress in its democratic development since first holding multiparty elections in 1991, but deficiencies remain. Albania was invited to join NATO in April 2009 and is a potential candidate for European Union accession. Although Albania's economy continues to grow, the country is still one of the poorest in Europe, hampered by a large informal economy and an inadequate energy and transportation infrastructure. The estimated Albanian population is 3.6 million people, with an average life expectancy of 78 years. Albanian is the official language. The literacy rate is estimated at 99%, with even distribution between men and women. The GDP per capita in Albania is \$6,200.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Albania's general population is estimated at less than 0.2%. Heterosexual sex is the most common mode of transmission for HIV in Albania.

##### **Military Statistics**

The Albanian military is composed of an estimated 16,000 members. Albania allocates 1.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

In FY09, there were no activities with the Albanian military. The last efforts included procuring lab equipment used for blood testing and the detection of HIV at the military hospital in Tirana and the Albanian National Blood Bank in FY08.



## ESTONIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated Estonian population is 1.3 million people, with an average life expectancy of 73 years. Estonian is the official language, and the literacy rate is estimated at 99%, evenly distributed between men and women. Forcibly incorporated into the USSR in 1940, Estonia regained its freedom in 1991 with the collapse of the Soviet Union. Since the last Russian troops left in 1994, Estonia has been free to promote economic and political ties with Western Europe. It joined both NATO and the European Union in spring 2004. Estonia, a 2004 European Union entrant, has a modern, market-based economy and one of the highest per capita income levels in Central Europe. The economy benefits from strong electronics and telecommunications sectors and strong trade ties with Finland, Sweden, and Germany. Estonia anticipates changing currency to the Euro in 2011. The GDP per capita is \$18,800.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Estonia's general population is 1.3%, with 9,900 people currently living with HIV/AIDS. Eastern Europe/Central Asia is the only region where HIV prevalence clearly

remains on the rise according to the *2009 AIDS Epidemic Update*. The main driving force behind the epidemic in Estonia is intravenous drug use. Youths and young adults are more severely affected than other age groups. Other vulnerable groups include sex workers, men who have sex with men, and prisoners. According to the *2009 AIDS Epidemic Update*, one recent survey found that 72% of injecting drug users in the country were HIV infected.

##### **Military Statistics**

The Estonian Defense Forces (EDF) is estimated at approximately 4,000 members. Military service in Estonia is compulsory, and about 1,500 conscripts are active for training during any 8- to 11-month cycle. Estonia allocates 2.0% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff members have continued collaborative efforts with EDF officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. In FY08, the Estonian Anti-AIDS

Association (a local NGO) was awarded a grant through DHAPP to work with the EDF, and work continued in FY09.

## **OUTCOME & IMPACTS**

### **Prevention and Other**

In FY09, the Estonian Anti-AIDS Association provided training in sexual prevention and injection safety for 30 EDF peer educators. In total, 500 troops were reached with prevention messages. Also, 2 individuals were trained in strategic information.

### **Proposed Future Activities**

In FY10, CT services for the EDF will be initiated. Training will be provided to medical personnel and testing supplies will be procured. The EDF hopes to voluntarily test one third of its troops and build the capacity to continue offering these services. In addition, DHAPP will conduct a site visit in early 2010.



# GEORGIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

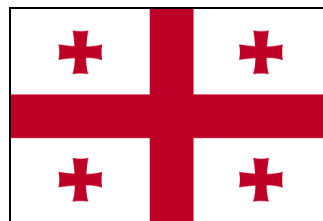
The estimated population of Georgia is 4.6 million people, with an average life expectancy of 77 years. Georgian is the official language of Georgia, which has an estimated literacy rate of 100%. Georgia's main economic activities include cultivation of agricultural products, such as grapes, citrus fruits, and hazelnuts; mining of manganese and copper; and output of a small industrial sector producing alcoholic and nonalcoholic beverages, metals, machinery, and chemicals. Despite the severe damage the economy has suffered due to civil strife, Georgia, with the help of the International Monetary Fund and the World Bank, has made substantial economic gains since 2000, achieving positive GDP growth and curtailing inflation. The GDP per capita is \$4,400. Georgia's economy has sustained GDP growth of close to 10% in 2006 and 12% in 2007, based on strong inflows of foreign investment and robust government spending. However, GDP growth slowed to 2% in 2008 following an August 2008 conflict with Russia, and the economy contracted by nearly 5% in 2009 in the wake of the global financial crisis.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Georgia's general population is estimated below 0.1%, with approximately 2,700 individuals living with HIV/AIDS. Vulnerable groups include men who have sex with men, injection drug users, and female sex workers.

#### **Military Statistics**

The Georgian Armed Forces (GAF) consists of approximately 27,000 active-duty members. Georgia allocates 0.6% of the GDP for military purposes. Military HIV prevalence rates are unknown. The GAF have been participating in peacekeeping missions since 1999.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The GAF HIV prevention program works in conjunction with the Georgian



Medical Group (GMG). The GMG is an NGO established in 2006 by local physicians. The majority of the founders are gynecologists with postgraduate training in reproductive health. The overall goal of the program is to enhance knowledge of HIV/AIDS and STIs among Georgian troops.

### Proposed Future Activities

In FY10, GMG will procure HIV laboratory equipment and rapid test kits for CT services, and will assist in the development of an HIV policy for the GAF. Also, GMG will continue to reach troops with prevention messages.

### OUTCOMES & IMPACTS

During FY09, GMG created training materials for HIV/AIDS/STI training. They conducted 4 training sessions and reached 600 troops. During the training sessions, troops received condoms (through collaboration with John Snow, Inc.) and prevention booklets. In addition, 2 physicians from the GMG, who work with the GAF, attended the *MIHTP* in July 2009.



## RUSSIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Russia is 141 million people, with an average life expectancy of 66 years. Russian is the official language of the Russia, which has an estimated literacy rate of 99%, evenly distributed between men and women. Although the Russian Government has laid out plans to diversify the economy, energy and other raw materials still dominate Russian exports. Over the last 6 years, fixed capital investment growth and personal income growth have averaged above 10%, but both grew at slower rates in 2008. The economic decline appears to have bottomed out in mid-2009, and by the second half of the year there were signs that the economy was growing, albeit slowly. During the past decade, poverty has declined steadily and the middle class has continued to expand. Russia has also improved its international financial position, running surpluses since 2000. The GDP per capita is \$15,200.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Russia's general population is estimated at 1.1%, with approximately 940,000 individuals living with HIV/AIDS. The most vulnerable populations in Russia include

injecting drug users, sex workers, and men who have sex with men. In Russia, 37% of the country's 1.8 million injecting drug users are estimated to be HIV infected. In a study involving street youth (aged 15–19 years) in St. Petersburg, Russia, 37.4% of the people surveyed were HIV infected, with a positive HIV status strongly and independently associated with injecting drugs and sharing needles.

##### **Military Statistics**

The Russian military consists of approximately 1.1 million active-duty members. Russia expends 3.9% of the GDP on the military. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

Bilateral military programs for HIV prevention in the Russian military were suspended during FY08 and remain so. Discussions are taking place to potentially re-establish the DHAPP program in the 2011 PEPFAR COP.

#### OUTCOMES & IMPACT

No activities occurred during this fiscal year because the bilateral military HIV programs have been suspended indefinitely by the US Embassy in Moscow.

## SERBIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The population of Serbia is estimated to be 7.3 million people, with an average life expectancy of 73 years. Serbian is the official language, which has an estimated literacy rate of 96%, evenly distributed between men and women. In May 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. Following 15 months of inconclusive negotiations mediated by the United Nations and 4 months of further inconclusive negotiations mediated by the United States, European Union, and Russia on 17 February 2008, the United Nations Interim Administration Mission (UNMIK) in the Kosovo-administered province of Kosovo declared itself independent of Serbia. The GDP per capita is \$10,400, with 7.9% of Serbian people living below the poverty line.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Serbia's general population is less than 0.2%. Relatively little is known about the factors that influence the spread of HIV in Serbia, although the early phases of the epidemic were primarily driven by injection drug use.

##### **Military Statistics**

The Serbian Armed Forces (SAF) is composed of an estimated 27,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, military service age and obligation are 19–35 years of age for compulsory military service; under state of war or impending war, conscription can begin at age 16. Conscription is to be abolished in 2010.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff work in conjunction with the Military Medical Academy in Belgrade to support the SAF in its HIV prevention program. Activities have expanded from laboratory support to prevention and care programs in recent years.



## OUTCOMES & IMPACTS

### Prevention

In November 2008, the SAF hosted a training workshop for physicians and psychologists who provide prevention messages to the troops. In addition, the workshop had representatives from the civilian sector, including some governmental and nongovernmental organizations. The training workshop allowed for open discussion regarding issues between the military and civilian sector. Throughout the year, 150 physicians and psychologist provided prevention materials during their sessions to 11,000 troops and their family members. Materials included 500 prevention posters, 20,000 awareness cards, 20,000 calendars, 20,000 pencils, 20,000 condoms, 300 booklets, and 300 DVDs titled *“Prevention and Control of HIV/AIDS in the Armed Forces of Serbia.”*

In addition, because they provide care for the troops, training for 30 Reserve Officers School members of the Serbian Armed Forces Medical Services was provided on the prevention, diagnosis, and treatment of HIV and other STIs.

Training in blood safety was carried out for 3,000 health care workers from the Military Medical Academy, Belgrade, and the Military Medical Center, Novi Sad, which serves the SAF. In addition, 800 nurses and new physicians received training in injection safety.

During the reporting period, the SAF completed a behavioral and risk factor survey among 5,617 troops. Results will be used to guide prevention efforts for the SAF.

### Other

In December 2008, the program coordinator from the Military Medical Academy in Belgrade attended the the *8th Annual Defense Institute for Medical Operations HIV/AIDS Strategic Planning and Policy Development Course* in San Antonio, Texas.



## UKRAINE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Ukraine is 46 million people, with an average life expectancy of 68 years. Ukrainian is the official language of the Ukraine, which has an estimated literacy rate of 99%, evenly distributed between men and women. Ukraine's fertile black soil generates more than one fourth of Soviet agricultural output, and its farms provided substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports of energy, especially natural gas, to meet some 85% of its annual energy requirements. The GDP per capita is \$6,400. The drop in steel prices and Ukraine's exposure to the global financial crisis due to aggressive foreign borrowing has lowered growth in 2008 and the economy probably will contract in 2009. Ukraine reached an agreement with the International Monetary Fund for a \$16.5 billion standby arrangement in November 2008 to deal with the economic crisis.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Ukraine's general population is estimated at 1.6%, with 440,000 individuals living with HIV/AIDS, half of whom are women. The most common mode of HIV

transmission is injection drug use.

According the *2009 AIDS Epidemic Update*, between 38.5% and 50.3% of injection drug users in Ukraine are believed to be living with HIV. With increasing transmission among the sexual partners of drug users, many countries such as Ukraine, in the Eastern Europe and Central Asia region, are experiencing a transition from an epidemic that is heavily concentrated among drug users to one that is increasingly characterized by significant sexual transmission.

##### **Military Statistics**

The Ukrainian Armed Forces (UAF), which consists of Ground, Naval, and Air Forces, comprises approximately 200,000 active-duty members. The Ukraine expends 1.4% of the GDP on the military. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

The UAF HIV/AIDS program is a collaborative effort between the ODC at the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provide technical assistance and support to the UAF program. In addition, DHAPP

staff members are part of the PEPFAR Ukraine Country Support Team, and participated in the FY10 COP and the development of the PEPFAR Partnership Framework between the USG and the government of Ukraine.

## OUTCOMES & IMPACTS

### Care

In FY09, there were 6 UAF CT, which is an increase from previous years. Two (2) that are now functioning CT centers were renovated in FY07 with DHAPP funding. The CT centers tested 11,000 troops, and are staffed by psychologists for counseling services, while lab technicians and nurses provide testing services. The psychologists at the CT centers are trained by the MOD Health Department.

In July 2009, 2 physicians from the UAF attended the *MIHTP* in San Diego. The physicians experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physicians were exposed to the most up-to-date advances in HIV/AIDS prevention and care services.

### Proposed Future Activities

Continued HIV programming for UAF members was proposed to the PEPFAR Ukraine Country Support Team. All proposed activities were included in the FY10 COP.





**US PACIFIC  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USPACOM has been working to prevent the spread of HIV among military personnel and their beneficiaries in countries throughout their area of responsibility. The program has seen significant changes and developed into a collaborative effort among USPACOM, the host countries, US Embassies, and US Naval Health Research Center. The program has focused on HIV education, HIV medicine, HIV prevention (counseling and testing), and laboratory capacity building. There will be a growing reliance upon NGOs and host-nation capabilities in the future.

# CAMBODIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Cambodia is 14.5 million people, with an average life expectancy of 62 years. Khmer is the official language of Cambodia, which has an estimated literacy rate of 74%, unevenly distributed between men and women. More than 50% of the population is aged 20 years or younger. Seventy-five percent (75%) of the population is engaged in subsistence farming. From 2004–2007, the economy grew at an average rate of 10%, driven largely by an expansion in the garment sector and tourism. The United States and Cambodia signed a Bilateral Textile Agreement, which gave Cambodia a guaranteed quota of US textile imports and established a bonus for improving working conditions and enforcing Cambodian labor laws and international labor standards in the industry. Currently, the garment industry employs more than 320,000 people and contributes more than 85% of Cambodia's exports. The GDP per capita is \$1,900.

#### **HIV/AIDS Statistics**

According to the 2008 *UNAIDS Epidemiological Fact Sheet on HIV and AIDS*, the estimated HIV prevalence rate

in the general population of Cambodia is 0.8%, with approximately 75,000 individuals living with HIV/AIDS. A 2009 national population-based study in Cambodia found an overall HIV prevalence of 0.6%, confirming the long-term decline in HIV prevalence nationally. The response of the Cambodian government and civil society in the fight against HIV/AIDS has been impressive. In 2001, the government implemented the 100% Condom Use Program in all provinces, requiring brothel-based sex workers to attend monthly STI screenings and involving establishment owners in condom negotiation initiatives.

#### **Military Statistics**

The Royal Cambodian Armed Forces (RCAF) is estimated at 110,000 members. The RCAF has been organized into 5 military regions and 4 forces (navy, army, air force, and military police). Each force has its own independent health structure that provides medical services to military



personnel and their family members. The Ministry of National Defense Health Department is responsible for medical supplies and equipment and for management of medical personnel. Cambodia expends 3.0% of the GDP on military purposes.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

In FY09, there were no programmatic activities or engagement with the RCAF.



**WINNING BATTLES IN THE WAR AGAINST HIV/AIDS****BACKGROUND****Country Statistics**

The estimated population of India is 1.2 billion people, with an average life expectancy of 69 years. Hindi is the official language of India, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The economy has posted a growth in the past decade. An industrial slowdown early in 2008, followed by the global financial crisis, led annual GDP growth to slow to 6.1% in 2009, which is still second highest growth in the world among major economies. Despite impressive gains in economic investment and output, India faces pressing problems, such as the ongoing dispute with Pakistan over Kashmir, massive overpopulation, environmental degradation, extensive poverty, and ethnic and religious strife. The GDP per capita is \$3,100.

**HIV/AIDS Statistics**

According to the *2009 AIDS Epidemic Update*, the estimated HIV prevalence rate in India's adult population is 0.3%, with 2.4 million people living with HIV. While sexual transmission is driving the epidemic throughout most of India, accounting for nearly 90% of prevalence nationwide, transmission during injecting

drug use is the primary transmission mode in the north-eastern part of the country. In 2007, women accounted for an estimated 39% of prevalence in India. Between 2003 and 2006, HIV prevalence among female sex workers in India fell by more than half—from 10.3% to 4.9%. In Pune, India, female sex workers' risk of becoming infected with HIV declined by more than 70% between 1993 and 2002, and similarly sharp declines in HIV incidence were reported for male clients of sex workers, primarily as a result of increased condom use.

**Military Statistics**

The Indian Armed Forces (IAF) is estimated at approximately 1.3 million active-duty troops and more than 500,000 reservists. Although military HIV prevalence rates are unknown, AIDS is documented as the fifth most common cause of death in the IAF.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP and the ODC at the US Embassy in New Delhi are collaborating with the Indian Armed Forces Medical Services.

## OUTCOMES & IMPACT

As a follow up to the August 2008 program assessment done by the USG team, DHAPP and the ODC had discussions with the IAF about program priorities. An in-country program manager to support activities with the IAF is actively being recruited. Trainings for the IAF for counseling, testing and treatment were planned for 2010.



# INDONESIA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Indonesia is 240 million people, with an average life expectancy of 71 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Economic difficulties in early 2008 centered on high global food and oil prices and their impact on Indonesia's poor and on the budget. Indonesia's debt-to-gross domestic product ratio has been declining steadily, its foreign exchange reserves are at an all-time high of over \$50 billion, and its stock market was 1 of the 3 best performers in the world in 2006 and 2007, as global investors sought out higher returns in emerging markets. The GDP per capita is \$4,000. Although the economy slowed significantly from the 6%-plus growth rate recorded in 2007 and 2008, expanding at 4% in the first half of 2009, Indonesia outperformed its regional neighbors and joined China and India as the only G20 members posting growth during the crisis. In 2010 the government faces the ongoing challenge of improving Indonesia's insufficient infrastructure to remove impediments to economic growth.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Indonesia's general population is less than 0.2%. Roughly 270,000 people are living with HIV. In Indonesia, the epidemic was originally confined to injection drug users but is now becoming more generalized through increased sexual transmission, according to the *2009 AIDS Epidemic Update*.

#### **Military Statistics**

The Indonesian Armed Forces (IAF) is estimated at approximately 297,000 active-duty troops, with 400,000 reservists. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP and the ODC at the US Embassy in Jakarta have been collaborating with the IAF. In 2010, an in-country program manager was hired and works for the ODC in Jakarta. The program manager will oversee activities with the IAF.



## OUTCOMES & IMPACT

In April 2009 DHAPP staff and USPACOM conducted a program assessment. Findings from the assessment allowed for the planning of prevention efforts and training of palliative care services such as management of coinfections for HIV patients.

## Proposed Future Activities

Comprehensive HIV programming for IAF members and their families were proposed to the PEPFAR Indonesia Country Support Team. All proposed activities were included in the FY10 COP. Some of these activities include prevention efforts, increased CT services, and training for health care workers on palliative care services.



## LAOS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Laos is 6.8 million people, with an average life expectancy of 57 years. Lao is the official language of Laos, but French, English, and various ethnic languages are also widely spoken. The country has an estimated literacy rate of 69%, which is unevenly distributed between men and women. Laos is one of the few remaining one-party Communist states. Laos began decentralizing control and encouraging private enterprise in 1986. The results have been astounding, boasting growth of approximately 6% per year from 1988 to 2008. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Electricity is available in urban areas and in many rural districts. Subsistence agriculture, dominated by rice, accounts for about 40% of the GDP and provides 80% of total employment. A value-added tax regime, which began in early 2009, should help streamline the government's inefficient tax system. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 could be achievable. The GDP per capita is \$2,100.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Laos's general population is 0.2%. Laos has approximately 5,500 individuals living with HIV/AIDS. The main mode of transmission is heterosexual and historically high-risk has been linked to the "three Ms"—men, mobility, and money—typical of the spread of HIV in the Greater Mekong Subregion. Mobile men are more likely to use the money they earn engaging in high-risk behaviors, making them vulnerable to HIV. When they return home HIV positive, they expose their partners and ultimately their unborn children.

#### **Military Statistics**

The Lao People's Army (LPA) is estimated at approximately 30,000 active-duty troops. Rates of HIV are unknown in the LPA. Laos expends 0.5% of the GDP on the military.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP, US Defense Attaché in Vientiane, and USPACOM have continued collaboration with the LPA.

### **Proposed Future Activities**

In 2010, the LPA will be conducting a study tour of the VMOD's HIV program as part of the South-to-South regional cooperation established between the 2 militaries in 2009.

## OUTCOMES & IMPACT

Follow-up to the 2008 needs assessment yielded several proposed activities, beginning with a senior LPA leadership workshop on HIV/AIDS. The workshop included senior leadership from the LPA, US Embassy staff, Laos's government agencies such as the MOH, and representatives from the Vietnam Ministry Of Defense (VMOD). Discussions were held on future activities for the LPA's programs. The VMOD shared how they initiated an HIV program and the components of the current program. Plans were made for a South-to-South regional cooperation between the LPA and the VMOD.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Nepal is 28.5 million people, with an average life expectancy of 65 years. Nepali is the official language of Nepal, which has an estimated literacy rate of 49%, unevenly distributed between men and women. Agriculture is the mainstay of the economy, providing a livelihood for three fourths of the population and accounting for 38% of the GDP. Bumper crops, better security, improved transportation, and increased tourism pushed growth past 4% in 2008, after growth had hovered around 2.3% for the previous 3 years. During the global recession of 2009, remittances from foreign workers abroad increased 47% to \$2.8 billion, while tourist arrivals only decreased 1% compared with the previous year. The GDP per capita is \$1,200.

#### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in the general population of Nepal is 0.5%, with approximately 70,000 individuals living with HIV/AIDS. Estimates in most at-risk populations consistently exceed 5% in one or more high-risk groups, which include female sex workers, intravenous drug users, men who have sex with men, mobile populations, and

young people. According to global monitoring of human trafficking, East Asia is particularly prominent as a source of women who are trafficked for sex work. Women and girls who have been trafficked to India may be contributing to an expansion of the epidemic in Nepal. A survey of 246 sex-trafficked women and girls in Nepal determined that 30% were HIV-positive, with HIV-infected individuals more likely than their uninfected peers to be infected with syphilis and/or hepatitis B.

#### **Military Statistics**

The Nepalese Army (NA) is estimated at 100,000 members. Nepal expends 1.6% of the GDP on military expenditures. While no seroprevalence data are available for the NA and force-wide testing has not been implemented, pre- and post-tests among NA personnel on UN peacekeeping missions indicate a rate of 0.11%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

USPACOM and DHAPP have engaged the NA in FY09.

### OUTCOMES & IMPACTS

No programmatic activities occurred in FY09.



## PAPUA NEW GUINEA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
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REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Papua New Guinea is 5.9 million people, with an average life expectancy of 66 years. Melanesian Pidgin, English, and Motu are spoken in Papua New Guinea, which has an estimated literacy rate of 57%, unevenly distributed between men and women. Papua New Guinea is richly endowed with natural resources, but exploitation has been hampered by rugged terrain and the high cost of developing infrastructure. Agriculture provides a subsistence livelihood for 85% of the population. The GDP per capita is \$2,300. Of note, Australia supplied more than \$300 million in aid in FY07/08, which accounts for nearly 20% of the national budget.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Papua New Guinea's general population is less than 1.5%. Roughly 54,000 people were living with HIV in 2008. The main mode of transmission in Papua New Guinea is heterosexual contact, which accounts for nearly 95% of cumulative HIV diagnoses. Papua New Guinea is experiencing an expanding, generalized epidemic. In the Oceania region, Papua New Guinea accounted for more than 99% of reported HIV diagnoses in 2007,

excluding the high-income countries of Australia and New Zealand. Reversing the pattern typically seen, HIV prevalence in Papua New Guinea is higher in rural areas than in urban settings. While most epidemics in the region appear to be stable, new infections in Papua New Guinea are on the rise. In Papua New Guinea, men and women are equally likely to become infected, with the risk of infection growing among young women.

##### **Military Statistics**

The Papua New Guinea Defense Force (PNGDF) is estimated at approximately 2,000 members. Military HIV prevalence rates are unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

USPACOM and DHAPP engaged PNGDF in FY09 but no activities occurred in FY09.

##### **OUTCOMES & IMPACTS**

No programmatic activities occurred in FY09.

## TIMOR-LESTE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Timor-Leste is 1.1 million people, with an average life expectancy of 67 years. Tetum and Portuguese are the official languages of Timor-Leste, which has an estimated literacy rate of 59%. In late 1999, about 70% of the economic infrastructure of Timor-Leste was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled westward. Over the next 3 years, however, a massive international program, manned by 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in both urban and rural areas. The GDP per capita is \$2,400. In June 2005, the National Parliament unanimously approved the creation of a Petroleum Fund to serve as a repository for all petroleum revenues and to preserve the value of Timor-Leste's petroleum wealth for future generations. The Fund held assets of \$5.3 billion USD as of October 2009. The economy is recovering from the mid-2006 outbreak of violence and

civil unrest, which disrupted both private and public sector economic activity.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in Timor-Leste's general population is not known. A 2003 study found HIV prevalence rates of 3% for female commercial sex workers and 1% for men who have sex with men.

##### **Military Statistics**

The Timor-Leste Defense Force (TDLF) is estimated at approximately 700 members. Force-wide testing is not in place; therefore, HIV prevalence is unknown.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

USPACOM and DHAPP engaged the FDTL in 2009. In FY09, Church World Service submitted a proposal to work the FDTL.

#### OUTCOMES & IMPACTS

No programmatic activities occurred in FY09.





## VIETNAM

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Vietnam's estimated population is 89 million people, with an average life expectancy of 72 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 90%, evenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly and is now smaller than that of China, India, and the Philippines. Vietnam is working to promote job creation to keep up with the country's high population growth rate. In an effort to stem high inflation, which took off in 2007, Vietnamese authorities began to raise benchmark interest rates and reserve requirements in early 2008. Nevertheless, the weaker economy, current account deficit, and subdued foreign investment environment means Vietnam's managed currency, the dong, faced downward pressure through 2009, leading the government to devalue it by more than 5% in December. The government has used stimulus spending, including a subsidized lending program, to help the economy through the global financial crisis, and foreign donors have pledged \$8 billion in new development assistance for 2010. The GDP per capita is \$2,900.

##### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Vietnam's general population is 0.5%, with approximately 290,000 individuals living with HIV/AIDS. The HIV epidemic in Vietnam is still in a concentrated stage, with the highest HIV prevalence found in specific populations—namely injection drugs users, female sex workers, and men who have sex with men.

##### **Military Statistics**

The Vietnam Ministry of Defense (VMOD) is estimated at approximately 480,000 active-duty troops. Vietnam expends 2.5% of the GDP on military expenditures. No prevalence data are available on the VMOD.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP, the DAO in Hanoi, and USPACOM have continued to collaborate with the VMOD. An in-



country program manager oversees activities with the VMOD.

## OUTCOMES & IMPACTS

### Prevention

During FY09, the VMOD reached 50,000 troops with prevention messages and trained 7,978 peer educators. All levels within VMOD (from military regions to divisions and regiments) have prevention activities in place. Prevention has been integrated into peer-education activities for all new recruits, therefore, the number of troops reached increased from FY08 to FY09. VMOD had 11 targeted condom service outlets for, which was also an increase from last year's 5 condom outlets.



The number of voluntarily donated blood units sharply increased during FY09 at the military hospital in Hanoi. A standardized quality assurance/quality control program was implemented in all 4 blood safety centers. A standardized toolkit was introduced by US Armed Forces Research Institute of Medical Sciences. Twenty (20) VMOD service members were trained in blood safety.

### Care

Four (4) VMOD service outlets provide HIV-related palliative care for VMOD members, their families, and civilians. During FY09, 456 individuals were provided with HIV-related palliative care, and 80 military medical personnel were trained in the provision of HIV-related care, including TB care. The 4 service outlets provide HIV care and treatment (including ART) to patients of whom 80% are civilians. Of the 4 service outlets operating in FY09, two were newly established and located at the military hospitals in Can Tho and Da Nang. Directly coordinated by DoD staff, linkages between military and civilian were strengthened at all levels for better collaboration on service referrals and resource sharing.



In FY09, the VMOD supported 7 CT centers for military members. During the year, 2,186 military members were tested for HIV and received their results. Thirty-two (32) individuals were trained in the provision of CT services. The number of clients for CT services is expected to improve in the next reporting period due to increased linkages between military and civilian populations.

### **Treatment**

Four (4) service outlets provide ART for VMOD troops and family members. There were 78 patients newly initiated on ART in FY09, and at the end of the reporting period, a total of 208 patients were on ART. Eighty (80) individuals were trained in the provision of ART services. Four (4) laboratories had the capability to perform HIV testing and CD4 tests, and 42 laboratory personnel were trained in the provision of these tests. During the reporting period, 2 reference laboratories were renovated, furnished, and equipped with standardized and advanced equipment.

### **Other**

In FY09, 365 individuals were trained in HIV-related policy development, institutional capacity building, stigma and discrimination reduction, and community mobilization for prevention, care, and/or treatment. Three (3) senior-level managers in the VMOD Medical Department were trained on data use and PEPFAR's Next Generation Indicators. This activity was done in collaboration with other USG implementing partners in Vietnam.

### **Proposed Future Activities**

All proposed activities were submitted by the Embassy to the Vietnam Country Support Team, and were included in the FY10 COP.



**US SOUTHERN  
COMMAND**

**DHAPP**

DEPARTMENT OF DEFENSE HIV/AIDS  
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REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

## **WINNING BATTLES IN THE WAR AGAINST HIV/AIDS**



USSOUTHCOM's mission is to conduct joint and combined full-spectrum military operations and support whole-of-government efforts to enhance regional security and cooperation. USSOUTHCOM's humanitarian assistance missions and programs are a central part of efforts to enhance security and stability in Central America, South America, and the Caribbean. In 2009, USSOUTHCOM supported the development of 2 PEPFAR regional partnership frameworks for the Caribbean and Central America. The Caribbean regional partnership includes the militaries of the Bahamas, Barbados, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis. The Central America regional partnership includes the militaries of the Belize, Guatemala, El Salvador, Honduras, and Nicaragua. USSOUTHCOM continues to support the militaries of Dominican Republic and Guyana in their HIV/AIDS programs.

## THE BAHAMAS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

Since attaining independence from the United Kingdom in 1973, the Bahamas have prospered through tourism and international banking and investment management. Because of its geography, the country is a major transshipment point for illegal drugs, particularly shipments to the US and Europe, and its territory is used for smuggling illegal migrants into the US. The estimated population in the Bahamas is 307,000. The official language of the Bahamas is English, and the life expectancy in the Bahamas is 70 years.

##### **Military Statistics**

The Royal Bahamian Defense Force (RBDF) is composed of an estimated 1,000 members. The Bahamas allocates 0.5% of the GDP for military expenditures. Military HIV prevalence rates are unknown.



##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Bahamas's general population is estimated at 3%, with 6,200 people living with HIV. The Bahamas have the highest HIV prevalence in the Caribbean region. AIDS has been the leading cause of death in the 15–49 years age group in the Bahamas since 1994. The majority of persons reported are in the productive years of early adulthood between the ages of 20–39 years. The disease occurs primarily among heterosexuals, although underreporting by men who have sex with men remains a challenge.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff members have been working with the ODC in Nassau and the RBDF on military-specific prevention activities. In 2009, the Bahamas joined the other Caribbean militaries of Barbados, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works

for the US MLO in Bridgetown, Barbados, and coordinates activities across the militaries in the Caribbean region. In FY09, an implementing partner joined DHAPP efforts in the Bahamas. The AIDS Foundation of the Bahamas will initiate prevention efforts and a knowledge, attitudes, practices, and behavior assessment for the RBDF.

### Proposed Future Activities

In FY10, the AIDS Foundation of the Bahamas will begin its efforts with the RBDF.





## BARBADOS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
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THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Barbados is 285,000 people, with an average life expectancy of 74 years. English is the official language of Barbados, which has an estimated literacy rate of 99%, evenly distributed between men and women.

The GDP per capita is \$18,500.

Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities, but production in recent years has diversified into light industry and tourism. The country enjoys one of the highest per capita incomes in the region and an investment grade rating that benefits from its political stability and stable institutions.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Barbadian general population is estimated at 1.2%, with approximately 2,200 individuals living with HIV/AIDS. Most HIV cases in Barbados are attributed to unprotected heterosexual contact. Although the HIV epidemic in Barbados is generalized, implying that HIV prevalence in the general population is relatively high, the prevalence is even higher among the most at-risk populations. Some of the key populations *believed* to be at higher

risk are men in general, men who have sex with men, sex workers, prisoners, and drug users. Recently, key research activities have been initiated to determine behavioral patterns in the most at-risk populations in the context of HIV.

##### **Military Statistics**

The Royal Barbados Defense Force (RBDF) consists of approximately 1,000 personnel distributed among the Troops Command and the Coast Guard. The RBDF is responsible for national security and can be employed to maintain public order in times of crisis, emergency, or other specific need. The percentage of the Barbados GDP expended on a military purpose is 0.5%. Military HIV prevalence rates are unknown.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLO in

Bridgetown and the RBDF on a military-specific prevention program. In 2009, Barbados joined the other Caribbean militaries of Belize, Bahamas, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In addition, an implementing partner was brought on to work with the RBDF. Cicatelli Associates will be assisting the RBDF by assessing a behavioral intervention to reduce sexual risk behavior as well as conducting a baseline behavioral assessment within the RBDF.

## OUTCOME AND IMPACT

### Prevention

In FY09, the RBDF provided prevention messages to 942 troops and family members. The prevention efforts were held at three different bases throughout the country. During the regular training efforts for the RBDF, HIV prevention is part of the standard curriculum. One of the major events for the RBDF was a play held in September 2009 titled, "It's Up to Me," which illustrated what can happen if AIDS is not taken seriously, and the importance of faithfulness, abstinence, and consistent condom use. One of the benefits that came from the play included monetary and food donations, which went toward HIV orphans in the community and the local food bank.

### Proposed Future Activities

The RBDF will continue its prevention efforts and will work closely with Cicatelli Associates on assessing behavioral interventions and acquiring a baseline of behavioral data.



## BELIZE

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Belize is 308,000 people, with an average life expectancy of 68 years. English is the official language of Belize, but nearly half of the population speaks Spanish. The estimated literacy rate is 77% and is evenly distributed between men and women. The GDP per capita is \$8,200, with an unemployment rate of 8.5%. In this small, essentially private-enterprise economy, tourism is the number one foreign exchange earner, followed by exports of marine products, citrus, cane sugar, bananas, and garments. Current concerns include an unsustainable level of foreign debt, high unemployment, increasing involvement in the South American drug trade, escalating urban crime, and rising incidence of HIV/AIDS.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Belize general population is estimated at 2.1%, the highest per capita HIV prevalence rate in Central America.

#### **Military Statistics**

The Belize Defense Force (BDF) is composed of approximately 800

personnel, with the primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.4% of the GDP for military expenditures. The BDF estimates military HIV prevalence rates at 0.07%.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLO in Belmopan and the BDF to create a military-specific HIV/AIDS program. Belize is also a partner nation in both the PEPFAR Caribbean and Central America partnership frameworks. A DoD regional program manager was hired in 2010 to coordinate activities across the militaries in the Central America region and is based at the US MLO in Belmopan. In FY09, two new partners were brought on to assist the BDF with its program. Charles Drew University School of Medicine and



Cicatelli Associates will be expanding the BDF's prevention portfolio and providing a serological and behavioral assessment of HIV infection within the BDF, respectively.

notification, and much more. Prior to the policy drafting, the BDF held a workshop for 34 senior military officials on policy development.

## OUTCOMES & IMPACTS

### **Care and Other**

One of the primary objectives for the BDF's HIV program is to begin offering CT services. In FY09, a needs assessment was conducted and indicated that training for staff was needed as well as equipment and supplies. The BDF will begin collaborating with the National AIDS Program and the Ministry of Health on training and supplies for CT services. Also in FY09, the BDF expanded laboratory capabilities for the lab at Price Barracks with the procurement of equipment and identification of a full-time lab technician who will receive appropriate training in FY10.

The BDF and DHAPP began work on developing an HIV policy handbook. A document has been drafted and it includes topics such as the rights of employees who test positive for HIV, assessment of medical fitness, disclosure of results, partner



### **Proposed Future Activities**

In FY10, the BDF will begin prevention activities with Charles Drew University and will conduct a serological and behavioral assessment of HIV infection within the BDF.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of the Dominican Republic is 9.6 million people, with an average life expectancy of 74 years, evenly distributed between men and women. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 87%, evenly distributed between men and women. The GDP per capita is \$8,200, with an unemployment rate of 15%. The country has long been known primarily for exporting sugar, coffee, and tobacco. However, in recent years the service sector has overtaken agriculture as the economy's largest employer due to growth in tourism and free trade zones. The economy is highly dependent upon the US, the destination for nearly 60% of exports. Remittances from the US amount to about a tenth of GDP, equivalent to almost half of exports and three-quarters of tourism receipts. Although the economy is growing at a respectable rate, high unemployment and underemployment remain important challenges.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Dominican Republic general population is estimated at 1.1%. It is estimated that 62,000 Dominicans are living with

HIV/AIDS. According the *2009 AIDS Epidemic Update*, HIV incidence is on the decline, with a statistically significant drop in new infections in the Dominican Republic. The Dominican Republic was a country previously believed to have an epidemic overwhelmingly characterized by heterosexual transmission, but the continuing high prevalence of men among PLHIV has led researchers to conclude that sexual transmission between men may account for a much larger share of infections than earlier believed. A recent review of epidemiological and behavioral data in the Dominican Republic also concluded that the notable declines in HIV prevalence reported were likely due to changes in sexual behavior, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men. Surveys of men who have sex with men in the Dominican Republic found that





11% were living with HIV and that only about half (54%) reported using condoms consistently during anal intercourse with another man.

### **Military Statistics**

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 53,000 active-duty personnel, about 30% of whom participate in nonmilitary operations, including providing security. The primary missions are to defend the nation and protect the territorial integrity of the country. The army, twice as large as the other services, comprises approximately 24,000 active-duty personnel. The FAD is second in size to Cuba's military in the Caribbean.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

DHAPP staff have been working in collaboration with the US MLO in Santo Domingo and the FAD. An in-country program manager oversees activities for the FAD and works for the US MLO. In FY09, 3 NGOs began working with the FAD on its program. The partners included Cicatelli Associates Inc. (CAI), Fundacion Genesis, and INSALUD (Instituto Nacional de Salud).

### **OUTCOMES & IMPACTS**

In late FY09, the grants between DHAPP, Fundacion Genesis, and INSALUD were officially signed. No programmatic activities happened in FY09 for either partner but planning began for prevention activities. Fundacion Genesis will support the FAD by providing a mass media campaign for

prevention, CT services at 8 sites, and aiding in the development of an HIV/AIDS policy for the military. INSALUD revised the health education curriculum for the FAD. INSALUD will implement a continuing education program in STI/HIV/AIDS for master trainers and peer educators in January 2010.

In FY08, DHAPP supported a behavioral survey for troops stationed along the Haitian border as well as for sex workers in the same area. The survey, conducted by CAI, identified risky behaviors and STI rates. In FY09, CAI will continue its work with the FAD by conducting a serological and behavioral assessment of HIV infection in the FAD. This project will assess specific drivers of the HIV/AIDS epidemic in the FAD by providing baseline national estimates of the prevalence of HIV infection and HIV risk behaviors among FAD personnel. Activities began in late 2009 and are currently under way.

#### **Proposed Future Activities**

In FY10, the 3 NGOs will roll out their programs for the FAD and continue to assist in building a comprehensive HIV/AIDS program.





## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of El Salvador is 7.2 million people, with an average life expectancy of 72 years. Spanish is the official language of El Salvador, which has an estimated literacy rate of 80%, evenly distributed between men and women. The GDP per capita is \$6,000, with an unemployment rate of 6.3%. The smallest country in Central America, El Salvador has the third largest economy, but growth has been modest in recent years. Economic growth will decelerate in 2009 due to the global slowdown and to El Salvador's dependence on exports to the United States and remittances from the United States.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of El Salvador is estimated at 0.8%, with approximately 35,000 individuals living with HIV/AIDS. According to an epidemiological report from the Ministry of Public Health and Social Assistance, through the National STI/HIV/AIDS Program from 1984 to December 2006, a total of 18,018 HIV/AIDS cases were reported. UNAIDS estimates a 40% to 50% under recording in the country. Of the 18,018 cases recorded, the age group most affected is those aged 20–34 years, accounting for

51% of all cases (May 2007, Ministry of Health, *The Fight Against AIDS in El Salvador, a National Commitment*). The *2009 AIDS Epidemic Update* reported that certain at-risk populations account for a large share of infections in Latin America, such as men who have sex with men, injection drug users, sex workers, and their partners. Surveys have found HIV prevalence among men who have sex with men in El Salvador to be 7.9%. Men who have sex with men were 21.8 times more likely than the general population to be infected in El Salvador. Serosurveys in recent years have detected a 3.2% HIV prevalence rate among female sex workers in El Salvador.

#### **Military Statistics**

The El Salvadoran Armed Forces (ESAF) consists of approximately 10,000 members. The ESAF, primarily made up of young men and women aged 18-49 years, has a 12-month service obligation. In 1987, the first HIV case in the armed forces was detected. From that first case until 2005, 383 cases of HIV/AIDS were reported in the ESAF. In 1994, the ESAF medical command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS among ESAF personnel. El Salvador expends 5% of the GDP on military purposes. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff have been collaborating with the US MLO in San Salvador and the ESAF to re-energize its program. In addition, PSI and its affiliate in Central America, PASMO, are supporting the ESAF HIV/AIDS program. In 2009, El Salvador joined the other Central American militaries of Belize, Guatemala, Honduras, and Nicaragua in the development of a PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. A DoD regional program manager was hired in 2010 to coordinate activities across the militaries in the Central America region and is based at the US MLO in Belmopan, Belize.

## OUTCOMES & IMPACTS

### **Prevention and Other**

In February 2009, PASMO began working with the ESAF on prevention activities. They provided trainings for both troops and officers. PASMO modified a proven behavior change communication methodology titled, *Vive la Vida*, to be used as the foundation for a troop-level training program. Before launching the trainings, PASMO conducted one *Vive la Vida* session to test and validate with the ESAF. A group of trial ESAF participants validated the methodology and provided feedback on several activities including timing. Adjustments were made based on feedback from the participants and the response was overwhelmingly positive. *Vive la Vida* is a series of four 3-hour meetings during which the troops gain knowledge about HIV infection and methods for preventions, as well as skills to practice healthy behaviors.

Officer trainings are similar. They are 2-hour interactive sessions, specifically targeted to improve knowledge of HIV prevention, laws, and policies, and to reduce stigma and discrimination. Officers who participated in these trainings reported that this kind of training is greatly needed and that they did not know the laws and policies before these sessions. The quality of the trainings for both troops and officers are ensured with pre- and post-tests that measure knowledge gained during the trainings. In FY09, PASMO trained 481 ESAF troops and officers.

### **Treatment**

Offered in April 2009, 2 ESAF physicians attended the *MIHTP* that DHAPP offers. The physicians experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physicians were exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically ART, treatment of OIs, and epidemiology.

### **Proposed Future Activities**

PASMO will continue to conduct prevention training for the ESAF during the next year.



# [ GUATEMALA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Guatemala is 13 million people, with an average life expectancy of 70 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 69%, unevenly distributed between men and women. The GDP per capita is \$5,200, with an unemployment rate of 3.2%. Guatemala is the most populous of the Central American countries, with a GDP per capita roughly one half that of Argentina, Brazil, and Chile. The agricultural sector accounts for about one tenth of GDP, two fifths of exports, and half of the labor force. Coffee, sugar, and bananas are the main products, with sugar exports benefiting from increased global demand for ethanol. The economy contracted in 2009 as export demand from US and other Central American markets fell and foreign investment slowed amid the global recession, but it will likely recover gradually in 2010 and return to more normal growth rates by 2012.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population of Guatemala is estimated at 0.8%, with approximately 53,000 individuals living with HIV/AIDS. The Guatemalan epidemic is spread primarily

through sexual activity, and it is growing rapidly among men who have sex with men, and sex workers.

According to the *2009 AIDS Epidemic Update*, recent serosurveys in Guatemala have detected a 4.3% HIV prevalence rate among female sex workers. In addition, a recent study in Guatemala found that a multilevel intervention focused on female sex workers resulted in a more than fourfold decline in HIV incidence in the population, as well as a significant increase in consistent condom use.



#### **Military Statistics**

The Guatemalan Armed Forces (GAF) consists of approximately 15,500 members, stationed in 44 military bases across the country. Guatemala has a draft system and requires 18 months of military service. Guatemala expends 0.4% of the GDP on the military. In a 2003 study, 3,000

military personnel were tested for HIV, and 0.7% of these members were diagnosed as HIV positive.

## OUTCOMES & IMPACTS

In July 2009, DHAPP staff conducted a needs assessment with the GAF and began discussions about future programming activities.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In 2009, Guatemala joined the other Central American militaries of Belize, El Salvador, Honduras, and Nicaragua in the development of a PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. A DoD regional program manager was hired in 2010 to coordinate activities across the militaries in the Central America region and is based at the US MLO in Belmopan, Belize.



# GUYANA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Guyana is 753,000, with a life expectancy of 66 years, evenly distributed between men and women. English is the official language of Guyana, but other languages are spoken, such as Amerindian dialects, Creole, Caribbean Hindustani, and Urdu. The literacy rate in Guyana is 99%, and the GDP per capita is \$3,900. The Guyanese economy exhibited moderate economic growth in 2001–2007, based on expansion in the agricultural and mining sectors, a more favorable atmosphere for business initiatives, a more realistic exchange rate, fairly low inflation, and the continued support of international organizations. Economic recovery since the 2005 flood-related contraction has been buoyed by increases in remittances and foreign direct investment. Guyana's entrance into the CARICOM Single Market and Economy in January 2006 will continue to broaden the country's export market, primarily in the raw materials sector.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Guyana's general population is estimated at 2.5%, with approximately 13,000 individuals living with HIV/AIDS. A more accurate

picture is emerging of the epidemic in Guyana, where HIV transmission is occurring primarily through unprotected sexual intercourse. Among sex workers, the HIV prevalence is 27% in Guyana.

#### **Military Statistics**

The Guyana Defense Force (GDF) is estimated at 2,000 troops. Guyana allocates 1.8% of the GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff members and a representative from USSOUTHCOM have been working with the US MLO in Georgetown and the GDF. An in-country program manager was hired to oversee activities for the GDF.



## Outcomes and Impact

### Prevention

Many prevention activities occurred in the GDF, such as training 18 peer educators who reached 2,840 members, including active duty and reserve personnel. HIV education sessions were carried out for new recruits and officer cadets. Twelve (12) condom service outlets were supported throughout the GDF.

A sporting event attracted 600 attendees, which included the Honorable Minister of Culture, Youth and Sport, the commander of the US MLO, governmental and nongovernmental organizations, soccer associations, and schools. Information, Education, and Communication materials (IEC) and condoms were distributed and GDF peer educators presented HIV educational messages. The aim of the soccer event was to promote good health and HIV awareness under the theme “Be Fit! Be Ready! Be sportsmen and sports women against HIV/AIDS.”

Condoms and IEC materials were distributed by GDF-sponsored booths at a GDF Fun Day and World AIDS Day events where peer educators gave male and female condom demonstrations for GDF personnel, family members, and the public.

Three (3) outlets participated in blood-safety activities, and 2 military members were trained in blood safety. Personnel trained were master trainers and will train other medics from the various GDF medical centers.

### Care

One of the biggest accomplishments for the GDF has been the establishment of 2 CT centers, which brings the total number of CT centers to 10. Included in the total number of CT centers is a mobile CT center that was procured in 2009. It will also be used for transporting peer educators and for other related project activities. Thirty-six (36) GDF counselors and testers worked in collaboration with the MOH, the National AIDS Programme Secretariat (NAPS), and the Ministry of Home Affairs during the National Week of Testing in order to contribute to the national goal of having 15,000 persons tested. In FY09, the GDF was able to provide CT services to 1,254 troops and family members.

### Other

In FY09, GDF personnel participated in a behavioral surveillance study carried out by the NAPS and the MOH intended to identify HIV knowledge and risk behaviors. The final report from the study is expected in FY10 and will be used to help inform future HIV prevention programming.

### Proposed Future Activities

Trainings are planned for the GDF in laboratory and TB services, and injection and blood safety. Mobile CT services will continue to be provided at various bases. Educational materials will be distributed to military personnel with information on HIV prevention, CT, STIs, and stigma and discrimination.



## HONDURAS

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Honduras is 7.8 million people, with an average life expectancy of 70 years. The official language of Honduras is Spanish, and the literacy rate is 80%, evenly distributed between men and women. The GDP per capita is \$4,200, with an estimated unemployment rate of 27.8%. Honduras, the second poorest country in Central America and one of the poorest countries in the Western Hemisphere, with an extraordinarily unequal distribution of income and massive unemployment, is banking on expanded trade under the US-Central America Free Trade Agreement and on debt relief under the Heavily Indebted Poor Countries Initiative. The economy relies heavily on a narrow range of exports, notably bananas and coffee, making it vulnerable to natural disasters and shifts in commodity prices. However, investments in the maquila and nontraditional export sectors are slowly diversifying the economy.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Honduran general population is estimated at 0.7%, with 28,000 individuals living with HIV/AIDS.

According to the *2009 AIDS Epidemic AIDS Update*, the latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV prevalence of 0.6%, Latin America is primarily home to low-level and concentrated epidemics.

##### **Military Statistics**

The Honduran Armed Forces (HAF) consists of approximately 8,000 troops. The various branches of the military in Honduras include an army, navy, and air force. The Honduran government allocates 0.6% of the GDP for the military. The HIV prevalence rate in the HAF is unknown.



#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP staff have been collaborating with USSOUTHCOM, US Joint Task Force-Bravo, and the HAF to support an HIV/AIDS program in Honduras. In

addition, a new partner was identified to support the HAF program. PSI and its affiliate in Central America, PASMO, began supporting the program in FY09. A grant was signed between PASMO and DHAPP in May 2009.

### OUTCOMES & IMPACT

In FY09, programmatic activities were initiated with a planning meeting between PASMO and the HAF's Office of Military Health. Topics of discussion included behavior change models, prevention messages, and leadership from peer educators. Because of the political situation in Honduras, rollout of prevention activities did not occur in FY09.

In December 2008, 3 HAF representatives attended the *8th Annual Defense Institute for Medical Operations HIV/AIDS Strategic Planning and Policy Development Course* in San Antonio, Texas.



## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Jamaica is 2.8 million people, with an average life expectancy of 74 years. English is the official language of Jamaica, which has an estimated literacy rate of 88%, evenly distributed between men and women. The GDP per capita is \$8,200. The Jamaican economy is heavily dependent on services, which now account for more than 60% of GDP. The country continues to derive most of its foreign exchange from tourism, remittances, and bauxite/alumina. High unemployment exacerbates the crime problem, including gang violence that is fueled by the drug trade.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Jamaican general population is estimated at 1.6%, with approximately 27,000 individuals living with HIV/AIDS. Jamaica continues to experience features of a generalized and concentrated epidemic and higher HIV prevalence identified among vulnerable populations, such as men having sex with men (31.8%), sex workers and informal entertainment workers (4.9%), inmates (3.3%), and crack/cocaine users (4.5%). Despite widespread scaling up of HIV testing,

approximately 50% of HIV-infected persons remain unaware of their status.

#### **Military Statistics**

The Jamaica Defense Force (JDF) consists of approximately 4,000 personnel distributed among the infantry, Coast Guard, air wings, and the national reserves. The percentage of the Jamaican GDP expended on a military purpose is 0.6%. Military HIV prevalence rates are unknown.



### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

DHAPP staff have been working in conjunction with the US MLO in Kingston and the JDF on a military-specific prevention program. In 2009, Jamaica joined the other Caribbean militaries of Barbados, Belize, Bahamas, Trinidad and Tobago, Suriname, and Saint Kitts and Nevis in the development

of a PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 to coordinate activities across the militaries in the Caribbean region, and is based at the US MLO in Bridgetown, Barbados. In FY09, two new partners were brought on to assist the JDF in developing its HIV program. Charles Drew University School of Medicine and PSI will be implementing prevention activities for the JDF.

## OUTCOME AND IMPACT

### **Prevention**

Both PSI and Drew University conducted site visits and began discussions with the JDF on prevention and counseling activities. PSI and the JDF finalized and approved a work plan for prevention activities to start in FY10. Drew University began assessing CT resources and identifying locations for future CT sites as well as training needed for staff to deliver CT services.

### **Proposed Future Activities**

PSI and Drew University will continue to implement prevention and counseling activities for the JDF.



# NICARAGUA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Nicaragua is 5.8 million people, with an average life expectancy of 71 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 67%, evenly distributed between men and women. Nicaragua has widespread underemployment, one of the highest degrees of income inequality in the world, and the third lowest per capita income in the Western Hemisphere. While the country has progressed toward macroeconomic stability in the past few years, annual GDP growth has been far too low to meet the country's needs, forcing the country to rely on international economic assistance to meet fiscal and debt financing obligations. The GDP per capita is \$2,800.

#### **HIV/AIDS Statistics**

The latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV prevalence of 0.6%, Latin America is primarily home to low-level and concentrated epidemics. The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7,700 individuals living

with HIV/AIDS. Men who have sex with men account for the largest share of infections in Latin America, although there is a notable burden of infection among injection drug users, sex workers, and the clients of sex workers. There are limited data on modes of transmission in Nicaragua. However, some data exist for Nicaragua, such as men who have sex with men are 38 times more likely than the general population to be infected.



#### **Military Statistics**

The National Army of Nicaragua (NAN) is estimated at approximately 14,500 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years old, approximately 99% of whom are male. Nicaragua expends 0.6% of the GDP on the military. Military HIV prevalence rates are unknown.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

The US MLO and DHAPP began collaborating with the NAN on its HIV

program in FY09. Also in 2009, Nicaragua joined the other Central American militaries of Belize, El Salvador, Guatemala, and Honduras in the development of a PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. In January 2010, the NicaSalud Network Federation became an implementing partner. Also in 2010, a DoD regional program manager was hired to coordinate activities across the militaries in the Central America region and is based at the US MLO in Belmopan, Belize.

### Proposed Future Activities

In FY10, Nicasalud will be working with the NAN to strengthen their prevention, CT services, and surveillance activities.

### OUTCOMES & IMPACTS

No programmatic activities took place in the NAN during the current reporting period.





## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

**BACKGROUND****Country Statistics**

The estimated population of Peru is 30 million people, with an average life expectancy of 71 years. Spanish is the official language of Peru, which has an estimated literacy rate of 93%, unevenly distributed between men and women. Peru's economy reflects its varied geography—an arid coastal region, the Andes further inland, and tropical lands bordering Colombia and Brazil. After several years of inconsistent economic performance, the Peruvian economy grew by more than 4% per year during the period 2002–2006, with a stable exchange rate and low inflation. Despite the strong macroeconomic performance, underemployment and poverty have remained persistently high. The GDP per capita is \$8,600, with an unemployment rate of 8.4%. The United States and Peru completed negotiations on the implementation of the US-Peru Trade Promotion Agreement, and the agreement entered into force February 1, 2009, opening the way to greater trade and investment between the two economies.

**HIV/AIDS Statistics**

The HIV prevalence rate in the Peruvian general population is estimated at 0.5%. It is estimated that 74,000 Peruvians are

living with HIV/AIDS. Substantial new evidence on epidemiological trends in the region, including the first-ever modes of transmission analysis for Peru and numerous serosurveys among key populations in Latin America, has been generated over the past 2 years. A modes of transmission analysis completed in 2009 determined that men who have sex with men account for 55% of HIV incidence in Peru. In Peru, the female sexual partners of men who have sex with men account for an estimated 6% of HIV incidence. In Peru the number of male AIDS cases reported in 2008 was nearly three times higher than the number among females, although this 3:1 differential represents a considerable decline from 1990, when the male:female ratio of AIDS cases approached 12:1.

**Military Statistics**

The Peruvian Armed Forces (PAF) consists of an army, air force, and navy (including naval air, naval infantry, and coast guard). There are approximately 120,000 personnel (including 25,000

civilians) in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Peru participates in several UN-sponsored PKOs.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff are collaborating with the US Naval Medical Research Center Detachment (NMRCDC) in Lima and the PAF. Program activities began in 2009.

## OUTCOMES & IMPACTS

### **Other**

In 2009, a cross-sectional prevalence study of STIs was conducted among the PAF and the national police across five cities in Peru. The study was a collaborative effort between NMRCDC-Lima, PAF and DHAPP. The study determined both the prevalence and risk factors associated with STIs and HIV. Overall, the prevalence of STIs was low among the PAF and National Police, however, high-risk sexual behavior is common, emphasizing the need for STI prevention.

### **Treatment**

In April 2009, 4 PAF physicians attended the *MIHTP* that DHAPP offers. The physicians experienced in-depth lectures, toured US medical facilities, and took part in rounds and counseling sessions with HIV/AIDS patients. The physicians were exposed to the most up-to-date advances in HIV/AIDS prevention and care, specifically ART, treatment of OIs, and epidemiology.

### **Proposed Future Activities**

In FY10, NMRCDC-Lima, in conjunction with the PAF, will provide HIV/STI prevention training for PAF units, particularly those located remotely from Lima, perform HIV testing and counseling, purchase laboratory reagents and supplies for HIV screening and testing, optimize the provision of ARVs in the PAF by performing HIV-resistance genotype testing on new HIV isolates, offer local lecture series for Peruvian physicians on HIV infection and antiretroviral management, and provide training in Lima and on-site for Peruvian laboratory workers in HIV and syphilis testing.



## SURINAME

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

### WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

#### BACKGROUND

##### **Country Statistics**

The estimated population of Suriname is 481,000 million people, with an average life expectancy of 73 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 90%. The GDP per capita is \$8,800, with an unemployment rate of 9.5%. The economy is dominated by the mining industry, with exports of alumina, gold, and oil accounting for about 85% of exports and 25% of government revenues, making the economy highly vulnerable to mineral price volatility. Prospects for local onshore oil production are good, and a drilling program is under way. The economy contracted in 2009, as investment waned and the country earned less from its commodity exports when global prices for most commodities fell. As trade has picked up, Suriname's economic outlook for 2010 has improved, but the government's budget is likely to remain strained, with increased social spending in this election year.

##### **HIV/AIDS Statistics**

The HIV prevalence rate in the Suriname general population is estimated at 2.4%. There are an estimated 6,800 people living with HIV. Relatively little is

known about the factors that influence the spread of HIV/AIDS in Suriname.

##### **Military Statistics**

The Suriname National Army (SNA) consists of approximately 2,500 volunteer active-duty members, with a small air force, navy, and military police, the majority of whom are deployed as light infantry (army) security forces. Primarily tasked with the defense of the nation's borders and providing support to civil authorities as directed, the SNA is predominately male, with an average age of 25 years. Suriname expends 0.6% of the GDP on military expenditures. No estimates of military HIV prevalence rates are available.

#### PROGRAM RESPONSE

##### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Paramaribo and the SNA. In 2009, Suriname joined the other Caribbean militaries of Barbados, Belize, Bahamas, Jamaica, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a



PEPFAR partnership framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 to coordinate activities across the militaries in the Caribbean region, and is based at the US MLO in Bridgetown, Barbados. In FY09, PSI became an implementing partner in Suriname and began working with the SNA.



## OUTCOMES & IMPACT

### Prevention

In FY09, PSI conducted three planning and program visits to Suriname to meet with various military and public health stakeholders to discuss project plans. A project work plan was approved by the SNA and PSI. Personnel from the Suriname National AIDS Program and the SNA reviewed PSI's behavior change communication (BCC) curriculum and exercises for both technical and cultural issues as well as its responsiveness to the epidemic in Suriname.

In partnership with the Military Hospital and the National AIDS Program, PSI conducted two focus groups in July 2009 with a random sampling of approximately 50 members of the military for the development of a project. The theme of the project will guide the development of BCC methodology, information, education, and communication materials, and general prevention strategies. In addition, focus group participants helped PSI identify popular social settings, vendors, and condom brands in order to target outreach activities.

A draft SNA HIV/AIDS policy has been developed, reviewed, revised, and translated into Dutch. A finalized product is expected in 2010.

### Proposed Future Activities

PSI will continue to expand the prevention program through the training of peer educators and promotion of condoms and CT.



# TRINIDAD AND TOBAGO

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL ACROSS  
THE GLOBE

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 71 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 99%, with even distribution between men and women. The GDP per capita is \$23,300. The country is one of the most prosperous in the Caribbean, thanks largely to petroleum and natural gas production and processing. Oil and gas account for about 40% of the GDP and 80% of exports, but only 5% of employment. The country is also a regional financial center, and tourism is a growing sector, although it is not proportionately as important as in many other Caribbean islands. Economic growth between 2000 and 2007 averaged slightly over 8%, significantly above the regional average of about 3.7% for that same period; however, it has slowed down since then and contracted about 2.7% in 2009.



#### **HIV/AIDS Statistics**

The HIV prevalence rate in the general population is estimated at 1.5%, with 13,000 people living with HIV/AIDS. Currently, the Caribbean region has the second highest prevalence of HIV/AIDS in the world. Cultural beliefs, a diverse and migratory population, sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. A 2006 study in Trinidad and Tobago found that 20.4% of men who have sex with men surveyed were HIV-infected. As in several Caribbean countries, the HIV prevalence among prisoners is higher than the general population and the rate in Trinidad and Tobago is 4.9%, while the general population is 1.5%.

#### **Military Statistics**

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 3,000 personnel. Trinidad and Tobago allocates 0.3% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Port of Spain, USMHRP, and the TTDF on building its HIV/AIDS program. In 2009, Trinidad and Tobago joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR partnership framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2009, PSI became an implementing partner in Trinidad and Tobago.

## OUTCOMES & IMPACT

### **Prevention**

PSI began working with the TTDF in 2009 and initiated the project by getting approval from the TTDF on a work plan. PSI and the TTDF hosted prevention training sessions where information on HIV/AIDS prevention was disseminated, condom demonstrations were conducted, and promotional items were distributed. The team reached 75 troops and family members, and conducted 60 male and 20 female condom demonstrations in the various sessions. PSI has placed male and female models in the medical examination rooms for condom demonstrations by medical personnel for the troops.

### **Care**

PSI began collaboration with the Family Planning Association of Trinidad and Tobago to develop a network of quality CT

service delivery sites for the TTDF. CT services will further be expanded by mobile services for the TTDF in the near future.

### **Other**

In 2009, USMHRP began conducting a KAP survey among the TTDF, and results from the survey are pending. In addition, USMHRP continued to assist the TTDF in finalizing its HIV/AIDS policy.

### **Proposed Future Activities**

PSI and USMHRP will continue to support the program for the TTDF in FY10. In January 2010, the TTDF will host the Caribbean Regional Strategic Framework for HIV/AIDS meeting for militaries. The meeting will allow the militaries to finalize the partnership framework document and the implementation plan.





## APPENDIX A: ACKNOWLEDGMENTS

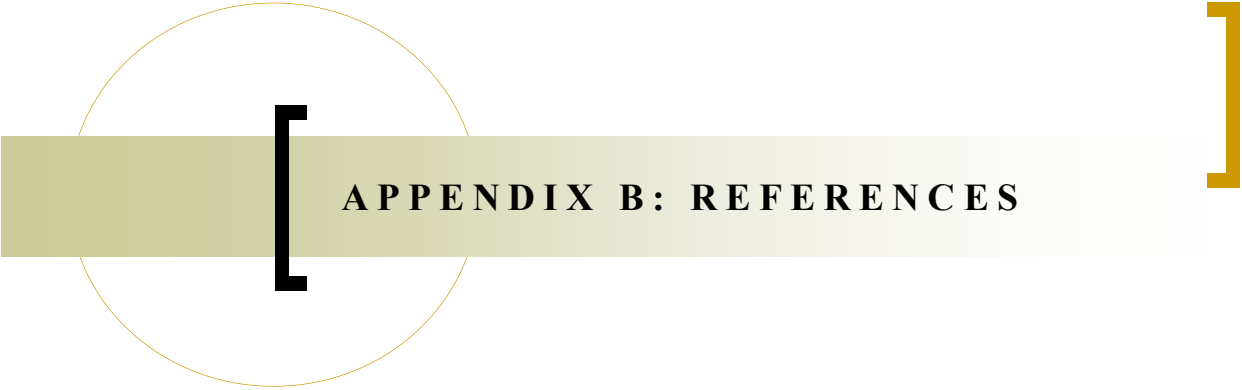


The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY09 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at the DoD, OGAC, CDC, USAID, Peace Corps, Department of Labor, Department of Health and Human Services, universities, and NGOs. Together with DHAPP staff in San Diego, our collaborators around the world continue to win battles in the war against HIV/AIDS in military personnel.

Report No. XX-XX supported by the US Defense Health Program and the US President's Emergency Plan For AIDS Relief, under Work Unit No.60150. The views expressed in this article are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

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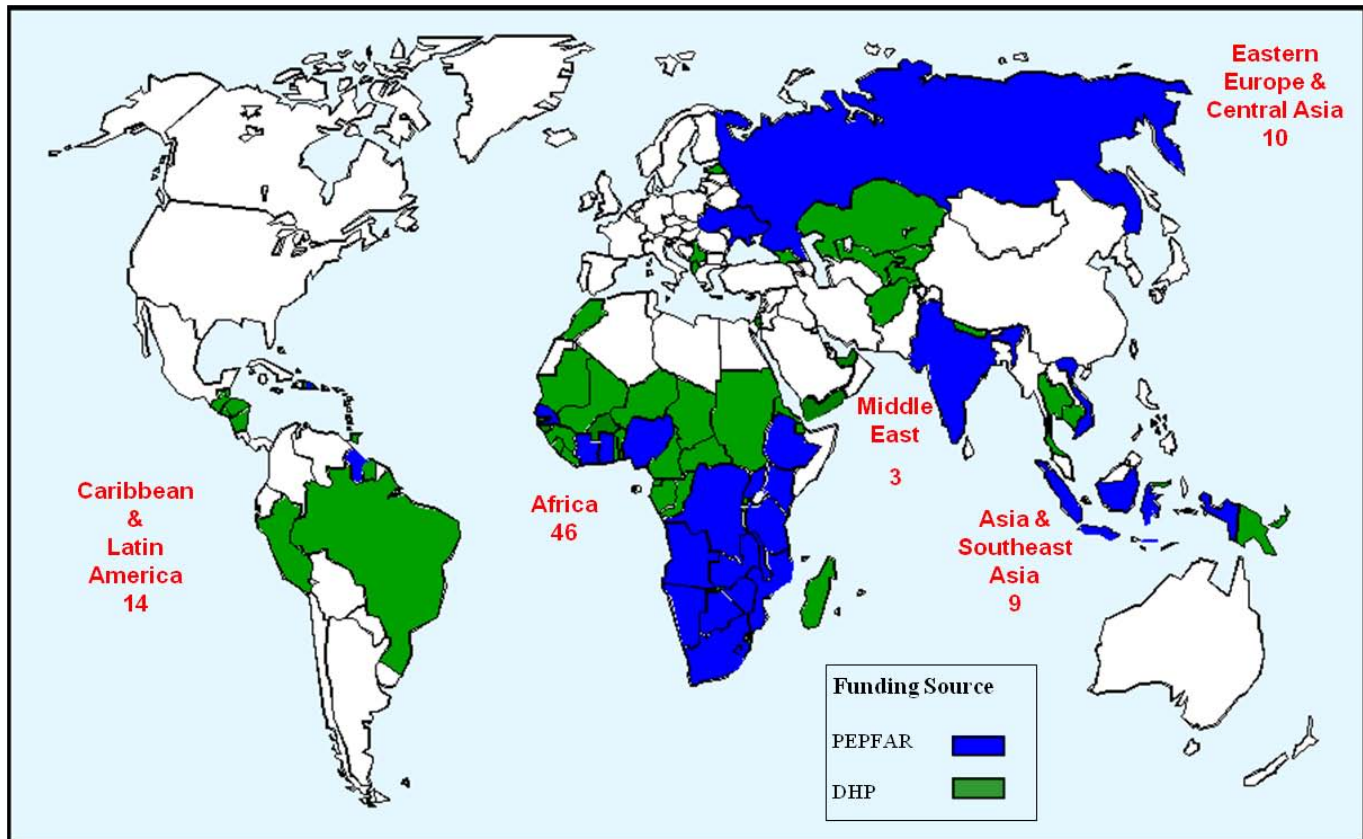
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## APPENDIX C: GLOBAL MAP OF DHAPP COUNTRY PROGRAMS

# 82 Countries Benefited by DoD Activities (As of FY09 )



## REPORT DOCUMENTATION PAGE

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<b>1. REPORT DATE (DD MM YY)</b> 07/22/10		<b>2. REPORT TYPE</b> Technical Document		<b>3. DATES COVERED (from – to)</b> 1 October 2008- 30 Sept 2009	
<b>4. TITLE</b> 2009 DHAPP Annual Report				<b>5a. Contract Number:</b> <b>5b. Grant Number:</b> <b>5c. Program Element Number:</b> <b>5d. Project Number:</b> <b>5e. Task Number:</b> <b>5f. Work Unit Number: DHAPP Life 60150</b>	
<b>6. AUTHORS</b> Lisa Cowan/Contractor/NHRC and Richard Shaffer/GS/NHRC				<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>  10-8H	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b> Commanding Officer Naval Health Research Center 140 Sylvester Rd San Diego, CA 92106-3521					
<b>8. SPONSORING/MONITORING AGENCY NAMES(S) AND ADDRESS(ES)</b> Commanding Officer Naval Medical Research Center 503 Robert Grant Ave Silver Spring, MD 20910-7500				<b>10. SPONSOR/MONITOR'S ACRONYM(S)</b> NMRC/NMSC	
Commander Navy Medicine Support Command P.O. Box 140 Jacksonville, FL 32212-0140				<b>11. SPONSOR/MONITOR'S REPORT NUMBER(s)</b>	
<b>12. DISTRIBUTION/AVAILABILITY STATEMENT</b> Approved for public release; distribution is unlimited.					
<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b>  Through PEPFAR and DoD resources, the US Department of Defense provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm that HIV inflicts on the health and readiness of the world's military populations. Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for DHAPP. This report highlights very successful strengthening of healthcare systems in 82 foreign militaries through out the world as well as other activities and accomplishments.					
<b>15. SUBJECT TERMS</b> HIV/AIDS, PEPFAR, DHAPP, Foreign Militaries					
<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b> UNCL	<b>18. NUMBER OF PAGES</b> 203	<b>18a. NAME OF RESPONSIBLE PERSON</b> Commanding Officer
<b>a. REPORT</b> UNCL	<b>b. ABSTRACT</b> UNCL	<b>c. THIS PAGE</b> UNCL			<b>18b. TELEPHONE NUMBER (INCLUDING AREA CODE)</b> COMM/DSN: (619) 553-8429